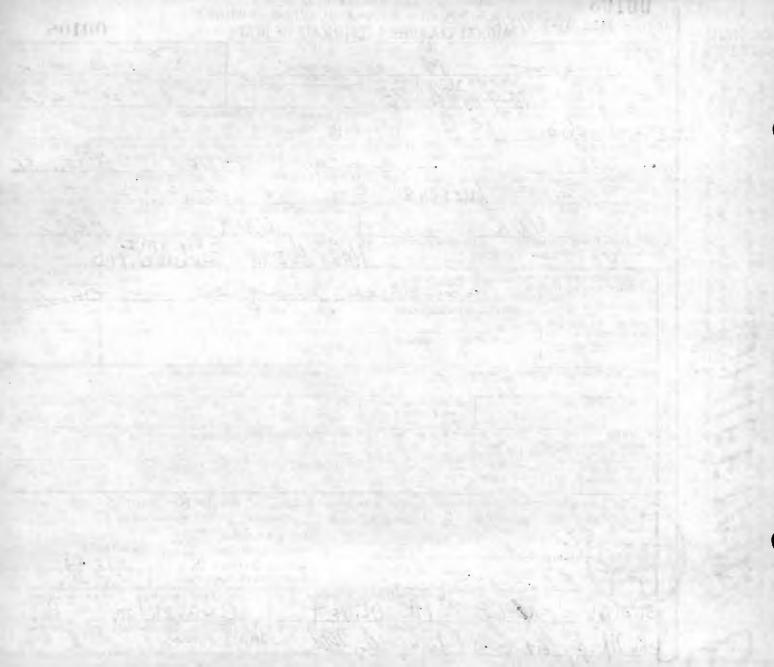
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	0018	S S BIVE	ISION OF VITAL RECOR		TE OF DEATH		RYLAND 21201	0106	
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0 000	3. SEX	MARY	FRANC		ALMOND DATE OF BIRTH		January Do	1 F UNDER 1 YEAR	3:30 M
nours after to by the full by the full by the full bours after hours after	Female		Clucasian	3.	March 31	, 1898	lost birthday) 69 YRS.	MONTHS DAYS	HOURS MIN
I in by eers. P	70. BIRTHPLACE (Stote country)	York 75. CI	TIZEN OF WHAT COUNTRY?	B. MARRIED WIDOWED	NEVER MARRIED	9. COUNTY O	. 0 .	DEL	Md.
ithin 2 y filled on pop	10. CITY OR TOWN OF		11. NAME OF HOSPITAL Of give street address) Naval Ho	ORINSTITUTION (Henotin	hospital 120, U during	SUAL OCCUPATION	N (Kind of work done g life, eye, if retired.)	12b. KIND OF INDUSTRY	
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ate be executed cian and completed executions remove car and in any event	14, FATHER'S NAME	First		st IS. M	OTHER'S MAIDEN NAM	E First	Middle	41 11	lost
eriffcate be ext physician ond c ren pleose rem navol, and in om	16a. WAS DECEASED Yes, no, or unisology	EVER IN U.SI ARMED FO	RCES? 16b. SOCIAL SECU	RIT NO. 17 INFO	RMANT S L	of war	Address	13	
low requires that the deoth certificate be executed within 24 hours after inding physician. been signed by the attending physician and completely filled in by the furst the buriol-transit permit. Then please remove carbon popers. Pages I into to buriol, cremotion, or remavol, and in any event, within 72 hours after		ATH WAS CAUSED BY:	cause per line for (a), (b), an	static (תוס כוו שיבה	ra Co	100	BETWEEN OF	MATE INTERVAL NSET AND GEATH
equires that the deoth ce physician. signed by the attending buriol-transit permit. The buriol, cremotion, or rem	Conditions, if o	IMMEDIATE CAU D ny, which gave }	DUE TO, OR AS A CONSEQUENCE						<i></i>
quires that II physician signed by the buriol-transit buriol, cremot		derlying couse	(b) DUE TO, OR AS A CONSEQUENC (c)	E OF					
requires g physici n signed e buriol- o buriol,	1500	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO TH	HE TERMINAL DISEASE (OR CONDITION GIV	EN IN PART I(o)		
0000	19a. DATE OF OP	RATION 19b. CONDIT	TION FOR WHICH OPERATION W	AS PERFORMED	20a. AUTOPSY? YES NO	CALLES	F YES, WERE FINDINGS (S OF DEATH?	CONSIDERED IN CE	RTIFYING
JAN: The tot or of ficate ho for use for use		G CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Day	Year			ury in Part 1 or Part 2,	Item IB.)	
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OR ATTENDING PHYSICIAN: be retained by the hospitol or DIRECTOR: After this certificate ge 3 should be detached for us led with the Stote Dept. of Healt	22a. I certif	y that (1) (this has	spitol) ottended the decon l January (we) (did) (did not) view	eased from 2	January , jo	9_68_, ta	occurred on the de	_68, that	(I) (we) last
ATTEN Stroile Should iith the	couses 22b. Signature	stated above, (1)	(we) (did) (did nat) view	the body after dea			22c.	DATE SIGNED	
PITAL OR may be ramay be ramay be ramay be raman by the raman be raman be filed w	22d: PHYSICIAN	1t	July	DEGREE	PHYS. 22e. ADDRESS	MED. DIRECTOR	STAFF PHYS. 11	JAN 68	
O HOSPITAL Page 4 may O FUNERAL I director, pog should be fil	HAME (Typ	e) J. L.	BEEBY, CDR MC		NAVAL HO	SPITAL,	ANNAPOLIS,	MD.	
ro Hospital Page 4 may ro Funeral director, poo	23a. BURIAL, CREMAT	ION, 23b. DATE		LINCOLN	EMATORY	1677	ION (City or Town)	(County)	MD.
VR A15 (4) 30M REV, 1/68	24 FUNERAL DIRECTION	IR M. Ta	uler lan	RESS	250. REC	D BY REGISTRAR	1968 REGUTRAR'S	S SIGNATURE Carles Ju	etgha

BULOO Fig. 10 many Kew York York Arus HenriceL JUNE OF THEWAYED THENE Mrs. A.A. C. Augelis X 339 Durois Ro. - ISSEPH BRADY CHECKINE SMITHOTE OSCAR S. PLHOUD # 13 The first of the second of the - GERMORIU 1-15-68 FF Lincoln SUBBOSBIRG MILL

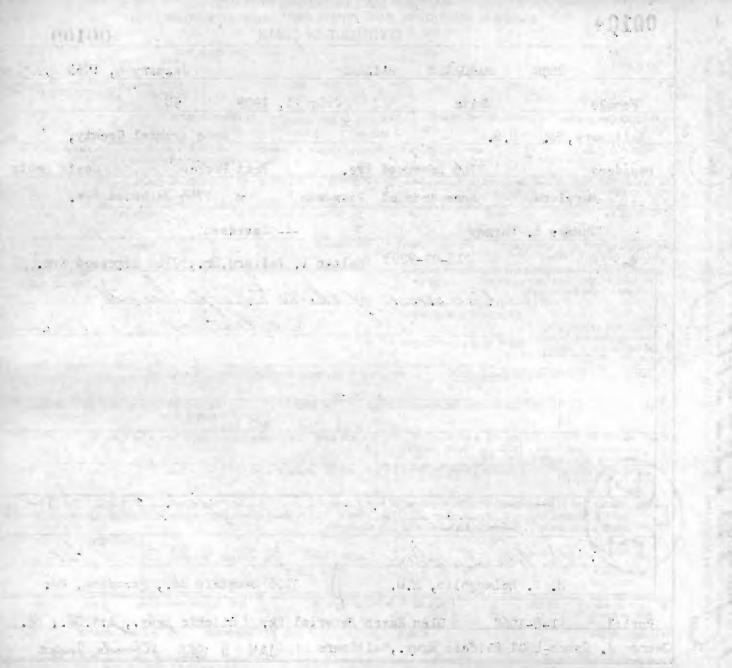
1 1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			0107
HEALTH DEPT.	1. [DECEASED-NAME First Middle Lost 20 DATE KNOWN FW Month	Doy Yeor 2b. HOUR
₩ ₽ 9 (A)	(Type or Print) OF ESTI- OEATH MATED	9 1968 191
ny delay is 2, and 3 ta PM3. Poge	3. 5	EV LA DACE LE DAVE OF DIDYLL LA ACE. LE HINDER L'YEAR LE HINDER 24 MBC O. DAVE DE CHURCH DE CA	2d. HOUR
PM3.		MONTH DECEMBER 24, 1871 Bush birdory) MONTHS DAYS HOURS MIN. Month / Day 9	Year 1965 A
		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
State De	COUL	MINOMED DIADREED DIAD	
Pog H		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12. USUAL OCCUPATION (Kind of work done during most of working life, even if severed.)	12b. KIND OF BUSINESS OR
offer deoth 8. Give Pages olong with far with the State.	1/	len SORVIE DONA-NORTH ARUNDEL CIEAR Maker (refs)	Self-Emp-
s often 18. Gir with death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY IMMITS? 13e. STREET AND NUMBER 13b. COUNTY 12 CO 9 or 13c CITY OR TOWN 150 NO \(\substantial \text{TS} \overline{\text{NO}} \substantial \text{NO} \substantial \text{STREET AND NUMBER} \)	erd
hours Item 19 Office I ond 2	14.1	FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle	
I hours I hours Office Office after	1.0		lost
hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMEO FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	WIII
	((Yes, no, or unknown) (Hyes give wor or dotes of service) 074-10-9399 14rs-Marion Sanders (daughter) San	me As#13
d with the learning of the lea		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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be exemined we were we would be exempted to be a secondary to be a		4409 OUE TO, OR AS A CONSEQUENCE OF	
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e should the word to the Cl burial-tr d in ony		lost. (c)	
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certificate, writing to orworded used os a movol, an	TION	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for for e us	CERTIFICATION	WAS PERFORMED?	YES NO.
This circate, be fo		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, In	
INER: The certification is should by files. 3 should by files.	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
3 4 S G	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while not write foctory, office building, etc.)	County State
EXAMINER: cute the cert oge 4 should ryour files. Poge 3 should, cremotion,		WHILE AT WORK AT WORK Toctory, office building, etc.)	- 3/2 - 111-11
= 9 c 2 € iS		22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection 🔀, Inquiry 🗹	, and in my apinia
bloate exe director. Persioned for DIRECTOR		death resulted from: Natural causes 🖾, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner	
JTY SIC, ry, pleose e eral director be retained RAL DIRECT prior to bu		ACTUAL CHIEF MEDICAL EXAMINER COST	
YY. P		SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER LI	1-9-68
DEPUTY cessory, e funeral may be FUNERAL		EXAMINERS	7.12.60
ro DEPUTY necessory, the funera 5 may be ro FUNERA Heolth pr	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City or Town)	(County) (Stote)
1 1	1.50	REMOVAL (Specify) Jan. 13, 1968 St. Peters Comptery Troy, New	1 Vork
	24:	FUNERAL DIRECTOR 1 250. REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15ME (5)	K	Singleton tuneral Phyme DATE JAN 10 1968 Police	ver Indie

independent of	TA	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	LT	Sem 5 Film G397 2/2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00108
HEALTH DEPTT		ECEASED-NAME First Middle Last 20. DATE KNOWN Month	Doy Year 2b. HOUR
200 4	((ype or Print) MAR GARET M BAILDEATH MATED 1	26 1868 A W
JE 30	3. S	4. RACE S. DATE OF BIRTH 1 200 16. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
delay is and 3 to		TO -9-1899 YRS. MONTHS DAYS HOURS MIN Month / Doy 2	8 Yeor 1965 17 M
ny de 1, 2, and Peparim	7o.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
- 8 0	SO VE	WHOSE OVAKIA 115 17 WIDOWED DIVORCED 17. A. CO	Md.
age h for	10. 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
after death 8. Give Pages olong with for with the State	13	wnopolis give street oddress, D.O.A Howe Annual I. Wasp during most of working life, even if retired.)	HOLSE WIFE
Giv ong th th	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, GITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	in the last of the
s after 18. Gi 19. Giong 19. Swith death	0	dmission) STATE 13b. COUNTY UZERNE KINGSTON YES NO 97- PONN ST	reet
thours them 18 Office of 1 and 2 v after d	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	1/20 lost
24 h in the or's O' es lo ors af		UNK UNK	HRIC
This certificate shauld be executed within 24 hours after death icate, writing the ward "pending" in pencil in Item 18. Give Pages I, be forwarded to the Chief Medical Examiner's Office along with form it be used as a burial-transit permit. File pages I and 2 with the State or removal, and in any event within 72 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT // 1/ 2 ROS ADDRESS C	
within pencil xamine ile page 72 hou	()	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give any or dates of service) 16b. SOCIAL SECURITY NO. 17. UNFORMANT (PS, no, or unknown) (If yes give any or dates of service) 17. UNFORMANT (PS, no, or unknown) (If yes give any or dates of service) 17. UNFORMANT (PS, no, or unknown) (If yes give any or dates of service) 17. UNFORMANT (PS, no, or unknown) (If yes give any or dates of service) 18b. SOCIAL SECURITY NO. 17. UNFORMANT (PS, no, or unknown) (If yes give any or dates of service) 18b. SOCIAL SECURITY NO. 17. UNFORMANT (PS, no, or unknown) (If yes give any or dates of service) 18b. SOCIAL SECURITY NO. 17. UNFORMANT (PS, no, or unknown) (III) (III	D
shauld be executed with e word "pending" in per the Chief Medico! Exar nurial-tronsit permit. File in ony event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Med Med nt v		4409 DUE TO, OR AS A CONSEQUENCE OF	- Clar
be ief ief ief eve		Conditions, if ony, which gove	
E P C C		rise to immediate couse (o). storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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the state st		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
is certificate te, writing the forworded to e used as a b removol, and	z	4500	
certii writ orwol used movo	ATIO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This crate, be far	CERTIFICATION	WAS PERFORMEU?	YES NOTE
4 0 0		216. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, It	tem 18.)
KAMINER: This te the certificate, ge 4 should be fryour files. oge 3 should be termation, or reremation, or rer	MEDICAL	CAUSE OF DEATH P.M. 19	
S 6 2 2 5 5	黑	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
XAM ute th your your Poge		WHILE AT WORK AT WORK	
		22a. I certify that I taak charge of the remains described obove, held an Autopsy, Inspection 🔀, Inquiry 🔀	and in my apinian
blease exect director. Po etoined for DIRECTOR:		death resulted from; Natural causes 🔀 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined manner	
please e director retoined DIRECT		CHIEF MEDICAL EXAMINER	
0_ 2 0		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE	SIGNED
		EXAMINERS DEPUTY MEDICAL EXAMINER	28.68
TO DEPUTY necessary, the funero 5 may be TO FUNERAL Health pri		NAME (Type) E-LINARECT . ADDRESS (Street, city, town, or county) M.,	11.40.
5 = 5 O = E	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	1	ISURIAL 1-30-60 Mr. ULIVET ICARVERTON	ra.
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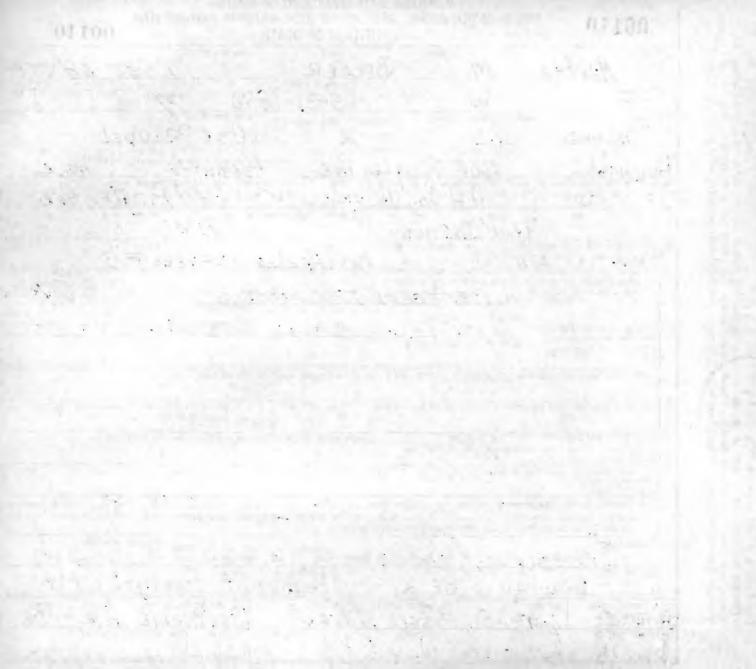
MARYLAND STATE DEPARTMENT OF HEALTH



	00109	Middle	CERTIFICATE OF DEAT	20. DATE OF DE		00109
	(Type or print)		BALLARD		Month Day	1968 10 P.
3. 1	Female	4. RACE White	S. DATE OF BIRTH July 21,			FUNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
7o.		b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DE		notes u
0 10.	CITY OR TOWN OF DEATH Pasadena	11. NAME OF HOSPITAL OR IN: give street address) 7746 Edgewe	STITUTION (If not in hospital duri	. USUAL OCCUPATION (Ki no most of working life Meat Packet	nd of work done , even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Geetz Meats
	. USUAL RESIDENCE (Where deceased issian) STATE Maryland	lived, if institution: Residence before 13b. COUNTY Anne Arund			AND NUMBER 5 Edgewood	
1 14.	FATHER'S NAME First Themas I	Middle Last Marney	15. MOTHER'S MAIDEN NA	AME First Davidsen	Middle	Last
160	. WAS DECEASED EVER IN U.S. ARME			llard Sr.	Address 7746 Edger	wood Aye.
2	177 Y	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	E ORCONDITION GIVEN IN	PART I(a)	1-year
CERTIFICATION	19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PE		20b. IF YES	s, were findings cons DEATH?	SIDERED IN CERTIFYING
SE	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year P.M. 19	9		n Part 1 ar Part 2, Item	n 18.)
ě	21d. INJURY OCCURRED 21e, P	LACE OF INJURY / AT HOME, FARM, STREET, FAC		D. No. City or	Town (County State
MEDIC	While Not while at wark		(TORY.) 21f. LOCATION Street or R.F.	1		
MEDIC	While Not while 22a. I certify that (I) (this saw the deceased alive causes stated abave,	hospital) attended the decease on the did did with the	ed from Charl	1966 to Ja	urred on the date	
MEDIC	While Not while at wark 22a. I certify that (I) (this saw the deceased alive causes stated abave, 22b. SIGNATURE	hernital) attended the deceas	ed from, 9 and that in (my) (our bady after death. DEGREE PHYS.	19 6, to 6	urred on the date	and hour and fram the
WED	While Not while at wark 22a. I certify that (I) (this saw the deceased alive causes stated abave, 22b. SIGNATURE	hospital) attended the decease te on Control 2 (1) (m) (did) (did motiview the Laughlin, M.D.	ed from 9 and that in (my) (our bady after death. DEGREE ATTENDING PHYS. 220. ADDRESS	19 6, to a	TAFF 22c DAT HYS. D S Rd., Pasad	and hour and fram the



	1			ND STATE DEPARTMENT O		
		00110		, 301 W. PRESTON STREET, BACERTIFICATE OF DEAT		00110
en de la		CEASED-NAME Priest ype ar print) Mao + Ho	Middle	BECKER	2a. DATE OF DEATH	Doy Year Q 71 C Da
he furn ges 1 o	3. SI	F	4. RACE	S. DATE OF BIRTH 3-3/-/	8 90 6. AGE (In years last highbory)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS.
requires that the death certificate be executed within 24 hours g physician. I signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carbon papers. Pa a burial, cremation, or removal, and in any event, within 72 hours	70. I		b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	DEL M
within 2 ely filled bon pay	1	TY OR TOWN OF DEATH	give street address P	9 LEY HVE durin	USUAL OCCUPATION (Kind of work do g grant of working life, oren if retired TOMEW FE	12b. KIND OF BUSINESS OR INDUSTRY
camplet carry y event,	odm	ssion) STATE M.D.	lived, if institution: Residence before	HUNDALIS YES EX	NO 600A RID	GLEY AUE.
be ex an and use rem		ATHER'S NAME First	"UNK" DERMOD	IS. MOTHER'S MAIDEN NAM	"UNK"	/ last
ertificate be physician on the please toval, and in			ar dates of service)	MRS. CHARLE	S MATHERS 7	713
attending permit. The		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED B IMMEDIATE	one cause per line for (a), (b), and (c 3y: CAUSE (a)	Pal THRom3	05/5	BETWEEN DISET AND DEATH 4 DIST S
the attribers in perion,		Conditions, if ony, which gave) rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	1050/FROSIS,	CAMERITAD	10 YFARS.
ICIAN: The law requires that the death certific pital ar attending physician. rificate has been signed by the attending physider use as the burial-transit permit. Then pat Health prior ta burial, cremation, or removal.		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
w requiring physical signature in the burner of the burner	NO	333x		NOT RELATED TO THE TERMINAL DISEASE		
AN: The law ratending of ar attending icate has been for use as the Health prior to	CERTIFICATION		NDITION FOR WHICH OPERATION WAS P	YES MC	CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
YSICIAN: aspital ar certificate certificate the for until ot. of Health	MEDICAL CI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner	21b. TIME OF INJURY HOUR A.M. Month Doy Yeo P.M.	r 19	Enter nature of injury in Part 1 or Part	
G PHYSIC the haspit r this certil detached te Dept. of	-	While Nat while at work of wark		ACTORY.) 21f. LOCATION Street or R.F.D.		County State
O HOSPITAL OR ATTENDING PHYSICIAN: The law ra Page 4 may be retained by the haspital ar attending of FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to		saw the deceased aliv	(1) (we) (did) (did nat) yiew the	sed fram, 1962, and that in (my) (ear) body after death.	apinian death accurred an the	date and haur and fram the
OR AT be retain DIRECTO		22b. SIGNATURE	rd & Beek	SEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	1/2 Co/C 8
TO HOSPITAL OR Page 4 may be 1 for FUNERAL DIRE director, page 3 shauld be filed v		22d. PHYSICIAN'S NAME (Type) EDWA	IRD S. BECK	228. ADDRESS I PAIX	in St. ANNOY	phis. MD.
Page Page To FUN direct shau	B	BURIAL, EREMATION, 23b. DA	27-68 23c. MANE OF	CEMETERY OR CREMATORY HAVEN	AEU BURUIE	(Tought) (Store)
VR A15 (4) 9 30M REV. 1/68	24.	FUNCTION DIRECTOR PLAN WAS A STORY	to Ters Chi	7 74 . 1	JAN 3 0 1968	lianles Juige



_ 1	Division o		MARYLAND STATE DE RCH AND RECORDS, 301			AND 21201
(M) 00	0111		CERTIFICATE	OF DEATH		00111
PLAC 0. CO	e of DEATH Anne	Arunde1	MARYLAND	2. USUAL RESIDENCE (V o. STATE	Where deceased lived, if institut b. COUN	an. Residence before admission) ITY
WI	Y OR TOWN (If autside carrite RURAL and give nearest Laure1	tawn)	5 yrs. 8 mos.		tside corparate limits, write RUF C.	
d. NA	ME OF HOSPITAL OR INSTITU Children's C	ITION (If not in haspital, g enter Hospi:	ve street address)	d. STREET ADDRESS	17th St., N.	e. 15 RESIDEN ON A FARM YES NO
3 NAM DECE (Type	E OF ASED or print)	First Dennise I	Middle lelen	Lost Berry	4 DATE Mont OF DEATH Januar	
4 / S. SEX Female	ale 6 COLOR O		NEVER MARRIED K 8	4-27-53	9 AGE (In years lest birthday) yrs.	IF UNDER 1 YEAR 1F UNDER 24 Manths Days Hours
10a JSJ during m	AL OCCUPATION (Give kind of ost of working kie even if rei	work dane 10b KII ired) IN Z.Ed -	ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (County Washingto	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	HER'S NAME William M. B	erry	<i>\$</i>	14. MOTHER'S MAIDEN N	IAMĚ	1 1018
10 4000	S DECEASED EVER IN US ARMI , ar unknawn) (If yes give w	D CORCECO 14		Helen E. NFORMANT ildren's Cer	Addre	" Laurel, Maryl
	CAUSE OF DEATH (Enter of	ny ane cause per lue far	(a), (b), and (c).)	V MON'IA		INTERVAL BETWE
Con	ditions, if any, which gave	DUE TO ME	NIAL RE-	TARPATI ADRIPLE		RLL
rise	to immediate cause (a), ing the underlying couse	(b) 30 8 DUE TO (c) C O P			UE TO CEREBRAL	ANOVIA LIFE
PAR	RT II. OTHER SIGNIFICANT CO		O DEATH BUT NOT RELATED TO T			19. WAS AUTOPS PERFORMED YES NO
E OR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF I EITHER, NOTIFY MEDICAL EXAM	DEATH 1	CRIBE HOW INJURY OCCURRED (Enter nature of injury in I	Part I or Part II of Item 18.)	
MEDICAL MEDICAL	. TIME OF INJURY Manth, D Hour a.m. p.m.		Not While focts	CE OF INJURY (Hame, farm ory, street, affice bldg., etc.)	, 20f. (City or town)	(County) (Sta
8		(this haspital) attend	led the deceased fram		967 ta N 11, 1-30 11 M, fram causes	$\frac{1}{2}$, $\frac{1965}{6}$, that (I) (we and an the date stated of
	o / SIGNATURE/	train	Ć M.		MED. STAFF DIRECTOR PHYS.	22b. VATE SIGNED
220	c. PHYSICIAN S NAME (Type) WII	LIÁM FRANK,	M. D.	22d ADDRESS Children	's Center Hosp	ital, Laurel,
	MOVAL (Specify)	- 19 - 68	Children	Center	23d LOCATION (City or To	a.a. m
24. (1)	MERAL BURECTOR	malalasa	ADDRESS MY	2Sa. REC'D		GISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00112 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR A requires that the death certificate be executed within 24 haurs after death. (Type or print) the attending physician ond completely filled in by/the fundral ist permit. Then please remove carbon popers. Podese and JAN 1115M CHARLENGIAL SEATON WILLIAM 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS hours after 6 AGE (In years IF UNDER 1 YEAR last birthday) 24 AUG 42 CAU MATE 7a BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED XX tauntry) DIVORCED and in any event, within 72 WIDOWED T NEW YORK STATE TISA ANNE ARUNDET, COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR INDUSTRY during most of working life, even if settred) Ft Geo G. Meade. Md ARME HOSPITAL 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d INSIDE CITY LIMITS? 13c CITY OR TOWN 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY NO 🗆 NEW YORK VATERTOWN 259 FIOWER AVE. 14. FATHER S NAME Furst IS. MOTHER'S MAIDEN NAME First Middle RALPH STATON MARY FREDA MERCHAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (if yes give war at dates at service) Yes, na. ar unknawn) OFFICAL PERSONNEL RECORDS. 8Mar66-14 Jan68 106-38-9920 NSCA. FGGM. MI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) HANGING BY THE NECK WITH A BELT UNKNOWN 5 cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the by the hospital or offending TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO | for use Health 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING LAUSE OF OEATH HOUR A.M. HUNG HIMSELF TIME UNKNOWN IN THE BILLETS 5 (If either, natify medical examiner) detached 210 PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21d INJURY OCCURRED 21f LOCATION Street at R.F.D. Na State City or Town County While Nat while T NSGA BARRACKS, Fggm, Anne Arundel Md. BARRACKS 22a. I certify thory() (this hospitof) are mediather bevere be retained 22b. SIGNATURE 22c DATE SIGNED STAFF director, page 3 should be filed a DEGREE DIRECTOR PHYS PHYS PHYSICIAN S 22e ADDRESS O HOSPITAL Poge 4 moy NAME (Type) SAMUEL M. John Hopkins School of Hygene. Balt 23d LOCATION (City of Town)
Henderson N. 23b DATE NAME OF CEMETERY OR CREMATORY Y(County) (State) 23g. BURIAL, CREMAT ON, Evergreen REMODEL (SAGITY) Jan. 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR HOWARD COUNTY ADDRESS 2So REC'D BY REGISTRAR VR A15 (4) ELLICOTT CIT FUNERAL HOME HARRY WIT 1968 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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24. 1	. 24.	FUNERAL DIRECTOR		ADDRESS			BY REGISTRAR	25b. REGIST			
VR A15 (4) 30M REV 1/68						DATE	5 19	168 100	layer	my Verd	44



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00114 00114 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2a. DATE OF DEATH buriol-transit permit. Then please remove corbon popers—Pages I and 2 buriol, crematian, or removal, and in any event, within 72 hours after death. funeral 1 ond (Type or print) 4. RACE DATE OF BIRTH 3 SEX 6. AGE (in years FUNDER 1 YEAR IF JNDER 24 HRS. last bythday) MONTHS HOURS YRS. 7o. BIRTHPLACE (State or foreign 75. CITEZEN OF WHAT 8. MARRIED MEVER MARRIED 9. COUNTY OF DEATH hod WIDOWED DIVORCED (120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b KIND OF BUSINESS OR during most of working life, even if settred.) INDUSTRY remove corbon completely 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before) 13d. NSIDE CITY LIMITS? requires that the death certificate be executed admission) STATE 13b. COUNTY-14. FATHER'S NAME First Middle Middle 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 186. SOCIAL SECURITY NO INFOR MANT Address Yes, no, or unknown) APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (t).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) signed by the buriof-tronsit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the hospital or ottending **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Heolth prior to 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 NO I TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED Stote City or Town County While Nat while at wark of wark 220. I certify that (I) (this hospital) attended the deceased from 5-76, 1966, to saw the deceased alive on 12 - 27 = , and that in (my) (our) apinion death occurred on the date and hour and from the causes stoted above, (I) (we) (did) (did not) view the body ofter death. 225/SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE PHYS DIRFCTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) (County) REMOVAL (Specify) REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24/1 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



		1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
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	7			00110		CERTIF	ICATE OF DI	EATH		OOLL)
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	Sho ith			226 SIGNATURE	(1) (1) (1) (1) (1)	-	~		22¢.	DATE SIGNED	
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	30M REV	8	JOI	IN M. TAYLOR &	SONS, DUKE OF	GLOUCESTE	R ST. D	UI NAU _{IIA}	1300	Lank and	



		00440	DIVISION OF VIT		301 W. PRESTON ST		ORE, MARYLAND 21			
		00116			ERTIFICATE OF	DEATH			00116	>
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completely filled in by the toy of the property within \$72 haurs after \$200 per \$200	13a	rownsville USUAL RESIDENCE (Where deceas ssian) STATE Marvland	ed lived, if institution:	Residence before	State Hospi- 13c CITY OR TOWN Baltimore	YES NO	13e STREET AND NUM	MBER	Avenu	e
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PHYSICIAN: e haspital or nis certificate stached for u Dept. of Heal	MEDICAL CER	21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination)	HOUR A.M. M	onth Day Year 19			oture of injury in Part 1 o			
S PHYS the has this ce detache e Dept.	₹	While Not while at work		IOME, FARM, STREET, FAC CE BUILDING, ETC.			City or Town		County	State
₽_ ₹_ ′′		22a I certify that (I) (th saw the deceased a causes stated above	live an 1/5	1	9 <u>.68</u> , and that in (n	, 1967 ny) (aur) apini	, ta_ <u>1/5/</u> an death accurred ar	the date	and havr ar	l) (we) las nd fram the
AL OR ATTEN y be retained t DIRECTOR: age 3 shauld filed with the		22b. SIGNATURE 22d. PHYSICIAN S	mulh		DEGREE ATTEND PHYS	□ DIRE	CTOR STAFF PHYS	1	ne signed 1ary 5,	1968
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Page 5		REMOVAL (Specify) 7	19/168				0.114	WII) GISTRAR S 60	land	family
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MAKTLAND STATE DEPARTMENT OF HEALTH



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00112
TR'STATE B		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00117
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s afte alan death	100	JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY JAMPISS 13e STREET AND NUMBER dm ssign) STATE 13b COUNTY // 12 This county // 13b COUNTY // 13c TREET AND NUMBER	
		TENTIA UMATIONA HIDATA ISSAND STATIEN ROS	U. E.
d within 24 hacrs in pencil in Item 18 Emaniner's Office 19 Prepages land 2 van 72 haurs after d	14. F	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	last ,
24 in 1 in 1 is 0 is 1		Ratl - Moeller Theresa -	Hoealund
then 24 mod in nuner's pages haurs		WAS DECEASED EVER IN J. S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS ADDRESS	112
b≡ ex≡cuted within "pending` in pencil itef Medical Emamine ansit permit file pagi event within 12 hau	,,	es no, or inknown) (Hyes give war or doles of shore) None Miss-KErstin Popescy (doughter)	Some Hs # 13
P E E		18 CAUSE OF DEATH (Enter anly ane cause per ne for (o), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
dica dica		PART I DEATH WAS CALSED BY IMMEDIATE CAUSE (0) Creterioselensois generally	Guelled State
Med Tr		440 9 DUE TO, OR AS A CONSEQUENCE OF	
o≡ c ''pe ref nsit		Canditions, if any, which gave	
P tr Card		nse ta immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld bm exmeuted ie ward "pending" in a the Chief Medical E burial-transit permit f in any event within		lost	
the ta		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INTR: This certificate shauld be executed within 24 e certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Emaminer's files. 3 shauld be used as a burial-transit permit File pages atian, ar removal, and in any event within 12 hours		TAKE 2 WILL SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECEIVED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
INIR: This certificate, writing snould be farwarder files. 3 should be used as should be used as ration, ar removal, or	CERTIFICATION	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
fary ke	3	WAS PERFORMED?	
This licate be d be dr re	ERTI	21o. EXTERNAL CAUSE WAS 21b. TiME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, 1	YES NO 🔀
Fig. 5	i z	PRIMARY OR CONTRIBUTING HOUR A.M.	em 10)
INTR: e cert snaul files. 3 shau	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INNERY (At name form street 2.cf IDCATION Street or R.F.D. No. 19 21d INJURY OCCURRED 1.2 PLACE OF INNERY (At name form street 2.cf IDCATION Street or R.F.D. No. 19	
KA INTR: te the certi ge 4 snauld yaur files. age 3 shau cremation,	25	WHILE MAY WHILE factory, office building, etc.)	County State
0, - 2		AT WORK AT WORK	/
ICAL E exect for. Pa for CTOR: burial,		22a. L certify that I taak charge of the remains described above, held an Autopsy, Inspection 🗹, Inquiry 🕻	Z, and in my apinian
tror ctor but		death resulted from . Natural causes 🖾 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	
please e l' director retained. DIRECTOR		CHIEF MEDICAL EXAMINER	
TY ple y, ple proj di XAL D		SIGNATURE DULLEUGH MD ASSISTANT MEDICAL EXAMINER 226 DATE	SIGNED
cessary, e fonera may be funERA olth pr			8-68
necessary, please e the funeral director 5 may be retained 0 funeral DIRECT Health priar to bu	L	NAME (Type) E.L. w / new of ADDRESS (Street, city town, or county) A.	A.Co.
■ 5 ± 5 0 ±	230		(County) (State)
		Premation Jan. 12, 1968 Nota Krikogarden Stockholm,	Sweden
	24	LANGRAL DEPOTION 1 250 REC D BY REG.STRAR 250 REGISTRAR 250 RECORD	SIGNATURE
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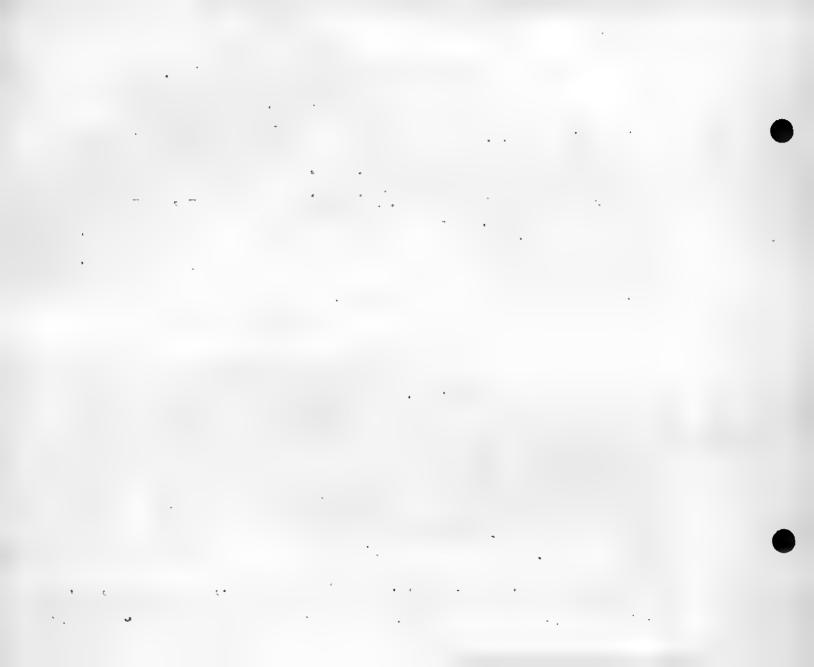


. 1 %	1	MARYLAND STATE DEPARTMENT OF HEALTH
3		00118 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEAVIN AFPT.		ECEASED-NAME First Middle Last 20 DATE KNOWN Manth Day Year 2b. HOUR
~ 2	(Type or Print) Austin B: BROWN DEATH MATED 1 10 1868 PM
2 m 0 =	3 5	
The state of the s	ľ	ost burghdayy MONTHS DAYS HOURS Milk Month Day 10 Year
A SE TE	7.	7 (13)
De B		BIRTHPLACE (SPATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED DIVORCED 9. COUNTY OF DEATH 11 11 11 11 11 11 11 11 11 11 11 11 11
fe fer fer fer fer fer fer fer fer fer f	<u></u>	7.10.0
at per	10. (CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (If not in hospital light of working if excepting it excepting the exception of the excepti
offer death Jay 8. Give Poges 1, 7, 6 along with farm Ph with the State Depart	9	TEN SURVICE DOA-NORTH MICK Druck DUNK Same
af file		USUAL RESIDENCE (Where deceased lived, if institutions residence before 13c (ITY OR TOWN) 3d ASDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
hours ofte Item 18. G Office alon 1ond2 with offer death	-	The miles of the second section is a second
hours Item 18 Office of 1 and 2 v	14 1	FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost
4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		alexander Brown I-lorence Wolford
hin 24 not in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT / ADDRESS
	1 ((es, no, or utilization) (If yes give wor or dates of service) Mrs. Mary A. Brown Come as + 13 e.)
should be executed with word "pending" in period the Chief Medical Exarturial-tronsit permit. File in any event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
executed nding and Medical permit.		PART I DEATH WAS CAUSED BY
xec din hed hed t w		MAMEDIATE CAUSE (0) Conference of the state
e e e e e f h ef h ef h		Conditions if any which gave
d b Chir		rise to immediate couse (o), (D)
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rifico ring orde d os d os	S	LO COUNTROL CONTROL CO
is certific te, writin forword forword re used or	GA.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
S -	CERTIFICAT.ON	YES NO NO
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(AMINER: T fee the certificated by the 4 should by cour files oge 3 should cremation, or	MEDICAL	CAUSE OF DEATH (P.M) 1-10 19 GO CELLES CELLESCOPE & CALL
AMINER: e the cer e the cer aur files oge 3 shou	*	21d IN. RY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21t LOCAT ON Street or R.F.D. No. 7, City or Town County State foctory, office bill ding etc.)
XAA tree t yaure yaure cree	1	AT WORK AT WORK DESTRUCTION OFFICE BEIDING etc.) Raule 3 - South 2175 AACO NO
		22a. I certify that Ltock charge of the remains described above, held an Autopsy , inspect on , Inquiry , and in my opin on
₹ % _ ™ O 등		deoth resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined manner
predse e l'director reformed DIRECTOR OF TO BURCTOR OF TO		CHIEF MEDICAL EXAMINER
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Pri Pri		DEPUTY MEDICAL EVASUARED \\ \[\]
DEPUTY CAC. Cessary, prease e funerol director may be retoined FUNERAL DIRECT Sealth prior to bu		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county) The Acely
O DEPUTY necessary, if the funeral 5 may be r O FUNERAL Health prin	23	
7	16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	2/	FUNERAL DIRECTOR SIGNATURE ADDRESS C) L/ 250 REC'D BY REGISTRAR 256 REGYTRAR'S SIGNATURE
VR A15ME [5]	24	11/11/11/11/11/11/11/11/11/11/11/11/11/
10M REV 1/68		Withur Rellers 254 Certain DATE JAN 17 1968 Yourses July



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00119 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death uneral 1 ond (Type or print) Month Carlos Joseph BROWN Jan. 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (n years last birthday) IF UNDER 1 YEAR MONTHS Male Negro January 14, 1968 YRS 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED NEVER U.S. WIDOWED -DIVORCED | please remove carbon papel Lond in ony event within 72 Marvland Anne Arundel the ottending physician and completely filled sit permit. Then please remove carbon pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital event, within 12o, USUAL GCCUPATION (X nd of work done 12b KIND OF BUSINESS OR give street address)
Anne Arundel Gen. Hospital during most af working life, even if retired.)
Newborm INDUSTRY Annapolis 13c CITY OR TOWN
Sev. Park. 13a USUAL RESIDENCE (Where deceased lived of institution: Residence before 13d INSIDE CITY JIMITS? I 3e. STREET AND NUMBER admission) STATE 13b COUNTY YES 🗀 NO X Rt-1. Box-335A Mary land Anne Amind and in ony 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Selma Evon Brown 16b. SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANTS Address Yes, no, or unknown) (If yes give wor or dates of service) signed by the ottending physic buriol-transit permit. Then pl buriol, cremotion, or removal, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intracranial hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) Prematurity rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) os the prior to t O FUNERAL DIRECTOR: After this certificate has been Hyphema, bilateral. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? s should be detached for use with the State Dept. of Health p YES 🔲 NO [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) should be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AF HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County State While Not while ot work 22a. I certify that (I) (thank response) attended the deceased fram 1/14, 1968, ta 1/16 , 19 68 , that (1) 1/16 19.68, and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive an_____ causes stated above, (1) (wa) (did) (dist not) yiew the body after death. 22b. SIGNAPPIRE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS. 1/16/68 DEGREE 22d. PHYSICIAN S 22e. ADDRESS director, po should be f NAME (Type) Sherman S. Robinson Hahn ProfBldg., Severna Park, Md. 23a 8URIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d (LOCAT ON (City or Town) (County) FUNERAL DURECTOR VR A15 (4) 30M REV T/68 DATE

MAKTLAND STATE DEPAKTMENT OF HEALTH



		N		MARYLAND STATE DEPARTMENT OF HEALTH	
12	1.1	ΠÌ		00120 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.04.00
100	[1]	V []	1	CERTIFICATE OF DEATH	00120
	÷ 5/2	\prec	1. D	DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
	ors after death y the funeral Pages 1 and urs after death		((Type or print) Catherine Brauen Jan Month 1 Day	Yeor
	P P P	1	3 SI	SEX 4 RACE S DATE OF BIRTH 6. AGE {In years If the second of the s	UNDER I YEAR IF JINDER 24 HRS
	of the feet		3	lost birthday) Mon	
	rs c Pag				
	24 haurs after death ed in by the funeral ppers. Pages Land 72 haurs after death		70.	BIRTHP ACE (Stote or foreign 76 CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79. COUNTY OF DEATH Until BLICO MC	9-1
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	il ille	00	10 (126 KIND OF BUSINESS OR INDUSTRY
	Affin Scoting	UV		reuspiece - reuspier , son	мышадат
	d v		13a	a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c/CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1
	e executed within 24 h. and campletely filled in remave carbon papers. n any event, within 72 h	× 17.	adm	mission) STATE Md 136 COUNTY Baltimore & Baltimore YES NO 1316 Lauren	1 51
	d co	4	,4,	. FATHER'S NAME FIRST Middle Lost I.S. MOTHER'S MAIDEN NAME FirsT Middle	Lost
	requires that the death certificate be executed within g physician. I signed by the attending physician and campletely fill. I burial-transit permit. Then please remave carbon per a burial, crematian, ar remaval, and in any event, within	- 1		Renjamin N Brown Catherine	
	te lian		186	Address President Ever in U.S. Armed Forces? 16b. Social Security No. 17 Informant . Address	
	ertificate be physician con neuron please aval, and ii		١	Yes, no, or unknown) (It yes give war or dates of service) Bluefassiline F Bruin 3/08	8 Windsor
	ph phen hen		⊨		APPROXIMATE INTERME
	he death ce attending permit. The			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1 DEATH WAS CAUSED BY AMERICAN STREET CAUSE (a) REGISTAL STREET, STR	BETWEEN ONSET AND DEATH
	lear mit			IMMEDIATE CAUSE (a) MANAGE VI RUELIC CENTRESTO	
	aff per ion,			DUE TO, OR AS A CONSEQUENCE OF	
	the the sit is			Conditions, it any, which gave to immediate couse (a). (b) grain Negalin Backeria septiacemia	
	the py san creater			storing the underlying cause DUR TO, OR AS A CONSEQUENCE OF	
	res Sici			lost (c)	
	The law requires that tattending physician. has been signed by the se as the burnetransit then the prior to burial, crema			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	ding ding een the		2		
	The law reattending has been se as the horor ta	5.7	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES WERE FINDINGS CONSI	DERED IN CERTIFYING
	The atte	X	M	YES NO CAUSES OF DEATH?	
	or or use				18.)
	ctan ifical ifical for if He		MEDICAL	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year September 19 19 19 19 19 19 19 1	
	rsp asp cert hed hed		MEC.		ounty State
	ATTENDING PHYSICIAN: The law etained by the haspital or attendin CTOR: After this certificate has been should be detached far use as this the State Dept. af Health prior t			The time	
	t de			22a I certify that (I) (this haspital) attended the deceased from 177/42, 19, to 112/66, 19	, that-ff) (we) lost
	A Parts			saw the deceased alive on 1/12/6 \$ 19 and that in (my) (our) opinion dentiforculated on the date of	
	E E E E			couses stated abave, (I) (we) (did) (did not) view the body after deoth.	
	A B D 经单			22b. SIGNATURE ATTENDING MED STAFF 22c DATE	SIGNED
	OR De r			MULLICITY DEGREE ATTENDING MED STAFF PHYS.	13/68
	Al your ball		1	22d. PHYSICIAN'S 22e. ADDRESS D	1
	ERA ERA ELA	1	Ι.	NAME (Type) L BENEDICT M.D Commodelle State Hor	That.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of Page 4 may be retained by the haspital or attending physician. **O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the bural-transit permit. Then please remave carbon pagers. Page should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs as		230		Caunty) (State)
	- 5 - F	× ×		Burial 1/18/68 Mt Auburn Cemetry Baltimore Md	
		3/	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTBAR'S SIG	HATURE
	VR A15 (4 30M REV 17	/68		Adolphus H alstead 1206 W North Ave DATE JAN 15 1968 full	San
				ENCEDING CIRCERO IZUO W MOPTA AVE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00121 CERTIFICATE OF DEATH hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Resignate before admission o. COUNTY MARYLAND C LENGTH OF STAY IN 16 outside corporate imits. comparate limits, write RURAL and give negrest town) NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) IS RESIDENCE ON A FARM? d STREET ADDRESS babel requires that the death certificate be executed within NAME O DATE corbo DECEASE DEATH 6 COLOR OR RACE 2/ MARRIED NEVER MARRIED DATE OF BIRTH AGE (in years IF UNDER I YEAR IF LINDER 24 HRS bethdoy) Dovs Hours and in any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give king of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired k INDUSTRY COUNTRY? LOCHOHOM 13. FATHER'S NAME burial, crematian, ar remayal, IS WAS DECEASED EVER NULS ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no ar unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (a), signed by the burial-trans 1 g PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o), DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stoting the underlying couse lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) YES 🗔 NO F 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH THE EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bidg , etc.) TO FUNERAL DIRECTOR: After 21. I certify that 👼 (this hospital) ottended the deceased from____ 1967 to 1-23 . 19 6 8, that (2 (we) lost 19 6 8, and that death occurred at 22:33PM, from couses and on the date stated above. sow the deceased olive on 22b. DATE SIGNED 220 SIGNATURE DIRECTOR 22d. ADDRESS -22c PHYSICIAN S OUSE NAME (Type) BURIAL, CREMATION 2Sb. REGISTRAR'S SIGNATURE FUNERAL THRECTOR VR A15 (4)



1.	MARYLAND STATE DEPARTMENT OF HEALTH					
11/1)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					00122
		00124		CERTIFICATE OF DEA	ATH	
± 1-3±		CEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b HOUR A
neral reath	,	ype or print) John	William	BROWN	Jan. 16	1968 9:30 M
E SE	3 \$1	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS AHN
the the age		Male	Negro	12-10-	1887 80 YRS.	MONING DATA NOORS NON
by hour	7o (00	IRTHPLACE (Stote or foreign	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
d in pers		Maryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWED K DIVORCED		Md.
fille Pag Thin	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR give street oddress)		o. USUAL OCCUPATION (Kind of work done oring most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
tim Single 1	LA	nnapolis	Anne Ari	ndel General	armer	Tenant
plet ror ror	130 odm	USUAL RESIDENCE (Where deceosed size) STATE	135 COUNTY	NEC F	DE CITY EM TS? 13e STREET AND NUMBER	
ecut com ove y ev	_	Md	A.A.CO	Harwood YES	- AV INC S DOY IS	
nd rem	14	ATHER'S NAME First	Middle Los			Lost
be in o	L	Unkn	NMN Brown		ancy NMN	Hebron
sicic pleo 1, on	160	WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (1' yes give wor	or dates of service)		Address	Md
phy en ovo	⊨				Moreland Rt 2 Bx	193Harwood
e H	ı	18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per line for (a), (b), and	(0.)), † , , ,)	BETWEEN ONSET AND DEATH
leaf mit.	ı		E CAUSE (O) NONCHO	Mushman	With Janere	
he off	l	Conditions if any subjet case to	OUE TO, OB AS A CONSEQUENCE	OF Z	60 1	160 Ac
at the sit in a larger than the larger than th		Conditions, if any, which gove rise to immediate cause (a),	(b) wenger a	Lacoma Jan	d congestion	racino
to by the		stoting the underlying couse	DUE TO OR AS A CONSEQUENCE	9 Cust so b	X X	V
The law requires that the death certificate battending physician. hos been signed by the ottending physician are as the burial-transit permit. Then please the prior to burial, cremation, or removal, o≡di			ITIONS CONTRIBUTING TO DEATH BILL	T NOT RELATED TO THE TERMINAL DISEA	ACC OR CONDITION CIVEN IN DART 1(a)	
requestion of the state of the		LG 1V	ITIONS CONTRIBUTION TO DEATH BU	I NOT KEDITER TO THE TERMINING DISCH	SE OKCORDITION OF ENTIRE PART 1(0)	
aw ndin beer beer or the	NO!	190 DATE OF OPERATION 196, CO	ONDITION FOR WHICH OPERATION WAS	PERFORMED 20a AUTOPSY?	205 IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
the International Internationa	CERTIFICATION			i i	NO CAUSES OF DEATH?	
IAN: The ral or a ficate he for use fixed the for use fixed the fi		21a. ACCIDENT WAS UNDERLYING	215 TIME OF INJURY		(Enter noture of injury in Port 1 or Port 2, It	tem 18.)
		OR CONTRIBUTING CAUSE OF OFATH	HOUR A.M. Month Doy Yo	eor	(- main main main main main main main main	,
rsing ospicertification of the control of the contr	MEDICAL	21d INSURY OCCURRED 21e P	LACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	, FACTORY.) 21f. LOCATION Street or R.	F.D. No City or Town	County State
PH his his Dep C		While Not while of work	A DEFICE BUILDING, ETC.	/	·	,
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after. Page 4 may be retained by the hospital or attending physician. TO FULLERAL DILECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after		22a. I certify that (1) (this	haspital) attended the dece	ased fram1.2-25	, 1967 , to 1-16- , 19	68 , that (I) (we) last
		saw the deceased ali	ve an 1-16-6	_1968_, and that in (my) (ai	, 19 <u>67</u> , to <u>l-16</u> , 19 ur) apinian death accurred an the dat	ie and hour and from the
		22b SIGNATURE,	(I) (we) (did) (did n ot) view t	he bady after death.	22. (0	DATE SIGNED.
3 S Let	П	220 SIGNACURE	(for) M	DEGREE PHYS	☐ MED. ☐ STAFF ☐ FINAL COLUMN	KIE SABIREU.
Page 19		22d PHYSICIAN S	V WIN IV	22e ADDRESS	DIRECTOR D PHIS.	8100
RAIL Mo RAIL Pe Pe			Richardson		ay St. Annapolis /M	d /
IOSI Fee 4 Sector	23n	BUR AL CREMATION 23b, Da		OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Pog o silon		DCAROVIAL (Connection)		Zion	Lothian A	
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDR	ESS 2So.	REC'D BY REGISTRAR 2Sb REGISTRAR'S	
30M REV. 1/68		C.E. Hicks. 1	ll Annapolis.	Md DATE	JAN 2 3 1968 Julian	LOS Jung



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00123 00123CERTIFICATE OF DEATH uneral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O STATE MARYLAND o. COUNTY ANNE ARUNDEL MARYLAND b CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 haurs 12 hrs Davidsonville: Mamyland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) papek 77 hin 77 ON A FARM? Kimbrough Army Hospital 303 Kimg Manor Rd ar remayal, and in any event, within YES NO. NAME OF remaye carban 4 DATE Year DECEASED (Type of print) 26 January 1968 Rhonda Caroline Byrum DEATH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED + DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS lost birthdoy Female Cau January 68 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? Anne Arundel, Maryland None 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Larry S. Byrum Diana Cooper 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service Diana Byrum(M) same as 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) INTERVAL BETWEEN signed by the burial-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH PREMATURITY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove nse to immediate couse (a). DUE TO stating the underlying couse 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour 'a.m. foctory, street, office bldg., etc.) at work L 21. I certify that (* (this haspital) attended the deceased from 26 Jan 1908 to 26 Jan 168 , thatXI) (we) lost be retained saw the deceased alive on 26 Jan 68 , and that death occurred aB: 45PM, fram causes and an the date stated above DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ROBERT F. CULLEN. CPT, MC 26 Jan 68 M.D 22d ADDRESS to FUNERAL D director, pag shauld be file Page 4 may Kimbrough AH Ft Geo G. Meade. Md. 2So REC'D BY VR A15 (4) 25M 1/67

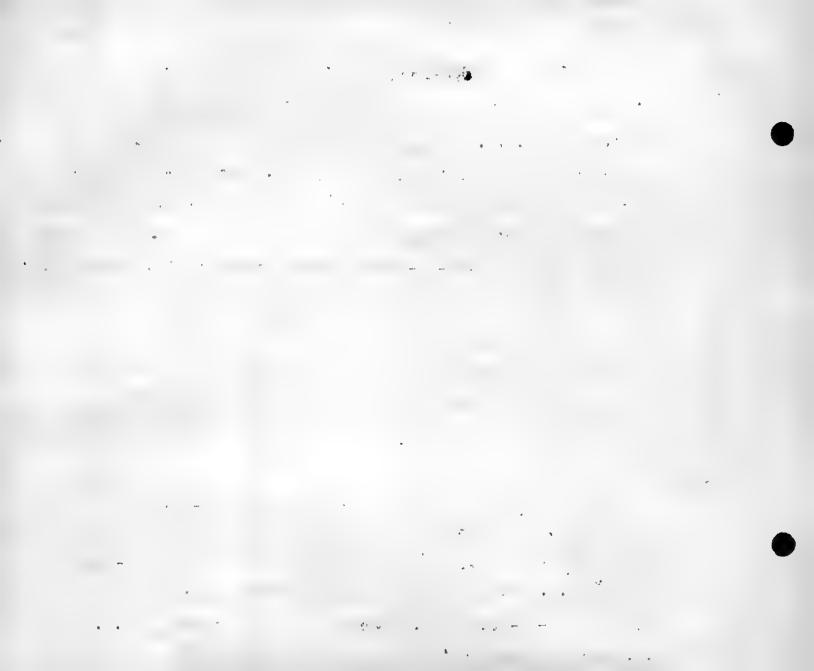


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illec		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (IF	not in hospito! 12o. L	JSUAL OCCUPATION (Kin-	d of work done	12b. KIND OF B	
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ed plet	130	USUAL RESIDENCE (Where deceos	ed lived if institution. Residence before	re 13c CITY O	R TOWN 13d INSIDE C	TY LIMITS? 13e. STREET	AND NUMBER		
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bing PHYSICIAN: The law raby the haspital ar attending lifer this certificate has been be detached far use as the State Dept. af Health priar ta	CERTIFICAT	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	CALLEGE OF C	WERE FINDINGS CO	NSIDERED IN CER	TIFYING
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AN: of a of a for for Hea		21o. ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO CAUSE OF DEAT	IG 21b. TIME OF INJURY H HOUR A.M. Month Day Ye	or 21c. H	OW INJURY OCCURRED (E	inter noture of injury in	Port 1 or Port 2, It	em 18.)	
SICE Spirit Spir	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M.	19					
hay hay see ache ept	*	21d INJURY OCCURRED 21e White Not while	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 216 L	OCATION Street or R.F.D.	No. City or To	WB	County	Stote
2	П	White Not while at work of wark				/			
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OR De L	L	540	N'Walril	DEG	REE PHYS.	MED. STA	YS.		
AL CONTRACTOR	П	22d. PHYSICIAMS NAME (Type) Steph			22e. ADDRESS				
SPIT 4 m 4 m d be		NAME (Type) Steph	en Hiltabidle		Cathe	edral St.,	Annapoli	s, Md.	
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5 5 P		REMOVAL (Specify)	/17/68 St.	Mary's	Cemetery	Annapo	lis A	.A. 1	Md.
VR A15 (4)	24	BANGLOKERS E. HOL	Home - Annapolis	SS & KL	2So. REC	D BY REGISTRAR	25b. REGISTRAR S S	IGNATURE	-
30M REV. 1/68		dopping Funeral	. Home - Annapolis	Md/	DATE	N 19 1968	1	00	

MAKTLAND STATE DEPARTMENT OF HEALTH



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1/7		00125	DIVISION OF V	/ITAL RECORDS, 301			IMORE, MA	RYLAND 21201	0012	2.
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	3. SI	^M ale	4 RACE	20	1	DATE OF BIRTH	4004	6. AGE (in years last brithday)	IF UNDER 1 YEAR MONTHS DAYS	IF JNDER 24 HRS HOURS MIN
haurs after the tr	_		Negr			October 21,		11121		
TO HOSPITAL OR ATTENDING PEYSICKNII: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages Lond 2 shauld be filed with the State Dept. of Realth priar ta burial, cremation, ar removal, and in any event, within 72 hours after death.	cou	Marvland	7b. CITIZEN OF WHA	w	DOWED 🗌	DIVORCED		DEATH le Arundel		Md.
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with the part of t	1220	Glen Burnie USUAL RESIDENCE (Where decease	No	rth Arundel	Hosp	ital P.W.C	ork s F	elper	Nava	1 Acdy
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cert g ph hen nov	-14	18. CAUSE OF DEATH (Enter or			<u> </u>	TITALI VAL		1 10,076	APPROXIM	IATE INTERVAL
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icate record		21a ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBLTING ☐ CAUSE OF DEA	TH HOUR A.M.	INJURY Manth Day Year	21c. HOW	INJURY OCCURRED (Enter	nature af inju	ry in Part I ar Part 2,	Item 18.)	
SICI split ertiff ed d	MEDICAL	(If either, natify medical exami	ner) P.M.	19						
Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creating the state Dept.	-	at wark at wark		NT HOME FARM, STREET, FACTORY, OFFICE BUILD NG ETC.				or Town	County	State
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the Held A		causes stated about	Ilive on	view the bad	ے , ang ۱۱ ، after dea	iat in (my) (o ur) api ith.	nian death	occurred an the d	ate and haur o	ind fram the
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OR OR See 3 and when we have		1/2	IXXX	MI	DEGREE	ATTENDING MPHYS	IED.	STAFF PHYS D	-16-196	8
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HO Ige FUR Irect	23a.	PEMOVAL (Specifu)	DATE	23c NAME OF CEME		MATORY		N (City or Tawn)	(Caunty)	(State)
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VR A15 (4) 30M REV 1/68		FUNERAL DIRECTOR	17 Ann-	ADDRESS		2Sa. REC'D B	N 2 2 1	958 REGISTRAR	areas Ju	dala



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00126 00126 CERTIFICATE OF DEATH 2b. HOUR 20. DATE OF DEATH 1. DECEASED-NAME requires that the death certificate be executed within 24 haurs after death Month (Type or print) IF UNDER 1 YEAR 6. AGE (In years 1F UNDER 24 HRS 3. SEX 4 RACE last birthdoy) DAYS purial-transit permit. Then please remave carban papers. (Pa burial, cremation, ar removal, and in any event, within 72 hobse, 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7o. BIRTHPLACE (State or foreign WIDOWED D DIVORCED [campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) 13 / LSUAL RESIDENCE (Where deceased lived, if institution CITY OR TOWN .13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14 FATHER'S NAME IS. MOTHER S MAIDEN NAME First Middle 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 212-03-8230 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (d))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse, lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YEARNAL DISEASE OR CONDITIONS GIVEN IN FART 1(0) far use as the L fHealth priar to b this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [7 NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Page 4 may be retained by the Nospital OFUNERAL DIRECTOR: After this certifical HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner) director, page 3 shauld be detached I shauld be filed with the State Dept. af 21e. PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Not while 22a. I certify that (I) (this hospital) attended the deceased from _______, 1963, to ______, 1968, that (I) (we) last saw the deceased alive on _______, 13 ______, 1968, ond thot in (my) (our) apinion deaph accurred on the date and hour and from the capses stated abave, (I) [we/(did) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 5101ARLE 22d. PHYSICIANS NAME (Type) EDMOND I MOUSHABEK 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (County) 23a BURIAL, CREMATION, REMOVAL (Specify) Baltimore, Md. New Cathedral Cemetery **ADDRESS** 24 FUNERAL DIRECTOR Raymond C. Fink Glen Burnie, Md. VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00122 DECEASED-NAME Middle Last 2a DATE OF DEATH 2b HOUR death puo (Type or print) CHANCE Month IF UNDER 24 HRS burial-tronsit permit. Then please remove corban papers. Pages 1 burial, cremation, ar remayal, and in ony event, within 72 hours after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IS TIMBER 1 YEAR last birthylav) PHTHOM HOBES The low requires that the death certificate be executed within 24 haurs afti YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE /State on foreign 8. MARRIED TI NEVER MARRIED country) campletely filled in DIVORCED WIDOWED IX 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if febred 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR 13e STREET AND NUMBER odmissian) STATE 13b COUNTY 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle gud USSEL physician (16b. SOCIAL SECURITY NO Address 16g. WAS DECEASED EVER IN L.S. ARMED FORCES? 17. INFORMAN' Yes, ne, or unknown) Iff yes give war or dates of service) offending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the Canditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF TO FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use os the should be filed with the Stote Dept. of Health prior to 190. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES T NO [be retained by the hospital or ATTENDING PHYSICIAN: 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at wark 220. I certify that (1) (this hospital) attended the deceased from_ that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased olive on.... causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. MED DIRECTOR DEGRÉE PHYS 22d. PHYSICIAN S 22e. ADDRES NAME (Type) 23b DATE BURIAL CREMATION NAME OF LEMETERY OR CREMATORY GON (City or Town) 23c. VR A15 [4] 30M REV. 1/68 DATE

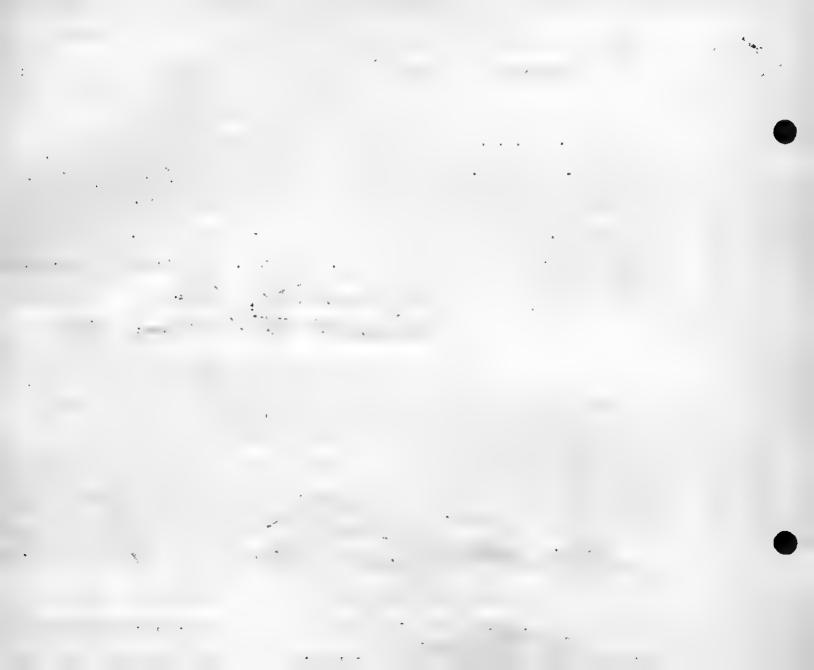
MARYLAND STATE DEPARTMENT OF HEALTH



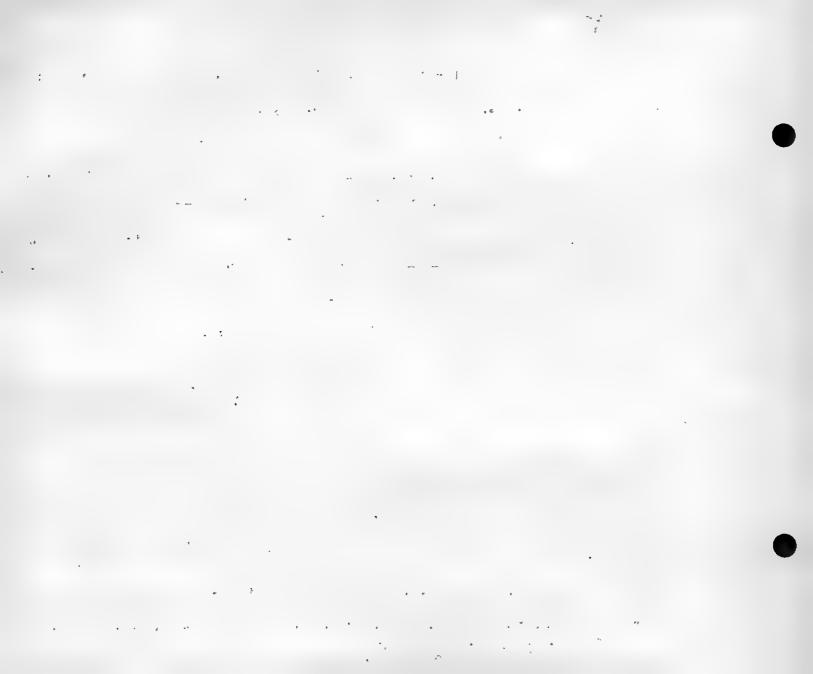
	MARYLAND STA	TE DEPARTMENT OF	F HEALTH	
DIVISION OF STAT				1, MARYLAND
00128	CERTIF	ICATE OF DEATH		00128
1. PLACE OF DEATH				
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write RURAL and give ne	c corporate limits, c LENGTH OF .	STAY IN 16 CITY OR TOWN	77- 11	URAL end give neerest town)
d. NAME OF HOSPITAL OR	INSTITUTION (if not in hospite), give streat a	DIUER		IS RESIDENCE
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3. NAME OF		e last	4. DATE Month	Dey Year
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5. SEX 6. CO	LOR OR RACE 7. MARRIED NEVER MAR	RRIED 1 8. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS.
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13. FATHER'S NAME	E CHICIST KACK DE		NNAME	4.0.4.
Ric HARD	HARDIGAN	Ettie 1	The state of the s	
15. WAS DECEASED EVER IN U.	5. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT	Address	
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cause lest.	e) (c)			
PART II OTHER SIGNIF	ICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
T ACCOUNT WAS INDE	PRIMITE COMPANY NAMED IN COMPANY NAMED I	DI O CONDED IF	Bart Bart (b) 10 1	YES NO
OR CONTRIBUTING CAU	SE OF DEATH	KY OCCURRED, (Enter nature of injury	in Part or Part of Ham (8.)	
		D 20e. PLACE OF INJURY (Home, fer	rm, ; 2Df. (City or town)	(County) (Stelle)
Hour a.m.	While Not While 19 let work □	factory, street, office bldg., et	(c.)	
21. I certify that (I)	(this hospital) attended the decea	sed from MAPCH	1961, 10 JAN 5	, 196.\$, that (I) (we) la
	ve on	, and that death occurred at		
220. SIGNATURE	10/10	ATTENDING	MED. STAFF	22b. DATE SIGNE
22c. PHYSICIAN'S	anistord Di-	M.D. PHYS.	DIRECTOR PHYS.	1-6-68
NAME (Typo) AR	THUR LANKFORD J	R. 2934 MOON	TAIN RD. PASA	DENA MD 21122
23e. BURIAL, CREMATION, 23	b. DATE THEREOF 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City, town	or county) (State)
BREINC I	1-8-68 NEUID	RiogE		
MUNERAL DIRECTOR'S SIGN	ADDRESS ADDRESS	· VIII	1021	TRAR'S SIGNATURE
14 × 107 105 /	your cultiplos	/ 100 IDATEJ	AN 10 1300 F	-// 1
	1. PLACE OF DEATH e. COUNTY b. CITY OR TOWN It outsid writa RURAL and give no d. NAME OF HOSPITAL OR d. NAME OF DECEASED IType or print) 5. SEX 6. CO 10a. USUAL OCCUPATION (Gi dona during most of working hif PRESS 13. FATHER'S NAME PART I. DEATH PART I. DEATH WAS IMMEDI. 7. SEX Conditions, if any, white geve rise to immediate caus (a), stailing the underlying cause less. PART II OTHER SIGNIF OR CONTRIBUTING CALL (I) EITHER, NOTIFY MEDIC 20a. ACCIDENT WAS UND CONTRIBUTING CALL (II) EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Hour a.m. p.m. 21. I certify that (I) Saw the deceased ali 22c. SIGNATURE CALLAL 22c. PHYSICIAN'S NAME (Type) 23c. BURIAL, CREMATION, 23 REMOVAL (Specify) 23c. BURIAL, CREMATION, 23 REMOVAL (Specify)	1. PLACE OF DEATH 6. COUNTY AND A COUNTY AND A COUNTY AND A COUNTY AND A COUNTY B. CITY OR TOWN 1st outside corporate 1.mils. A WAME OF MOSPIVAL OR INSTITUTION (if not in, hospitel, give, street of the property of t	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTOD 128 CERTIFICATE OF DEATH COUNTY DEL MARYLAND L. PLACE OF DEATH C. COUNTY D. CITY OR TOWN It doubte corporable limits. C. CITY OR TOWN It doubte corporable limits. C. LENGTH OF STAY IN 15 D. CITY OR TOWN It doubte corporable limits. C. LENGTH OF STAY IN 15 D. CITY OR TOWN It doubte corporable limits. C. LENGTH OF STAY IN 15 D. CITY OR TOWN IT doubte corporable limits. C. LENGTH OF STAY IN 15 D. CITY OR TOWN D. CITY OR TOWN CI	CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. CRUMP AND A DEL MARYLAND 3. SANTE OF NOWN 15 outside corporate Linds. 4. CRUMP AND A DEL MARYLAND 5. CRITY OR TOWN 15 outside corporate Linds. 4. MAME OF MURCH and give precess lown. 5. CRITY OR TOWN 16 outside corporate linds. 4. MAME OF MURCH AND AND A DEL MARYLAND 5. SEX 6. COLOR OR RACE! 7. MARRIED NIVER MARRIED 10. B. DATE OF BUSINESS OR INDUSTRY 11 BIRTIPILACE (County & Sieles, or foring country) 15. SEX 6. COLOR OR RACE! 7. MARRIED NIVER MARRIED 12. B. DATE OF BUSINESS OR INDUSTRY 11 BIRTIPILACE (Country & Sieles, or foring country) 16. USUAL OCCUPATION (Give kind of wynt 100, BIND OF BUSINESS OR INDUSTRY 11 BIRTIPILACE (Country & Sieles, or foring country) 17. MARRIED DRY 18. CRUSE OF DEATH Enter only one cause per fine for (a), bind (c), taking the undustry) 18. CRUSE OF DEATH Enter only one cause per fine for (a), bind (c), taking the undustry) 19. PART I. DEATH WAS CAUSED BY. 10. CRUSE OF DEATH Enter only one cause per fine for (a), bind (c), taking the undustry) 10. CRUSE OF DEATH Enter only one cause per fine for (a), bind (c), taking the undustry) 10. CRUSE OF DEATH Enter only one cause per fine for (a), bind (c), taking the undustry) 10. CRUSE OF DEATH Enter only one cause per fine for (a), bind (c), taking the undustry) 10. CRUSE OF DEATH Enter only one cause per fine for (a), bind (c), and (c), taking the undustry) 10. CRUSE OF DEATH Enter only one cause per fine for (a), bind (c), and (c), taking the undustry) 11. CRUSE OF DEATH Enter only one cause per fine for (a), bind (c), and (c), a



. 10		D STATE DEPARTMENT OF HEAL	
1		301 W. PRESTON STREET, BALTIMOR	00129
(M)	(102,190	CERTIFICATE OF DEATH	
= -2= /	1. DECEASED-NAME First Middle (Type or print)	Stanlev	DATE OF DEATH Month Day Year
death ond death	(Type of point) SXXXXXXX Harry	Clark	January 19 Year 968 8:At
E 2 E	3. SEX 4 RACE	S. DATE OF BIRTH	6. AGE (In years Funder) YEAR Funder 24 HRS last birthday) Months DAYS HOURS MIN
te (ed les	Male White	12-18-94	73 YRS.
- 5 S	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	MARKIED THEYER MARKIED	JNTY OF DEATH
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filled pape	18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR IN: give street oddress)	STITUTION (If not in haspita) 12a USUAL OCC	UPATION (Kind of wark done 12b KIND OF BUSINESS OR NDUSTRY Fire 1 Tout
with ely l ban wrt	Glen Burnie N. Arundel		sy Clerk AA Co.court
ecuted wit campletely love corbar y event, wi	13a. USJAL RESIDENCE (Where deceased lived, if institution. Residence before	13c CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e STREET AND NUMBER
ecut cam ove y ev	odmiss on) SIATE 13b. COUNTY Maryland Anne Arundel	Odenton YES NO	1381 Odenton Road
ond camplet remove cor	14. FATHER'S NAME First Middle Last	IS. MOTHERS MAIDEN NAME First	Middle Lost
ate be ician o lease ond in	Samuel V. Clark	Sara	
cate Sicio Plea plea	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dofes of service)		Address
eath certificate be executed vanding physician and camplets ont. Then please remove carbor removal, and in any event,	no none 214-20-2		Clark (Wife) Same as #13
se death ce attending p permit. The	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY	1 / m Dad	BETWEEN GRISET AND DEATH
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at the the the matig	Canditions, if any, which gove tise to immediate cause (a),	MOSULIAN DYCEN	27 mile gory
equires that the d physician. signed by the att buriol-transt perr buriol, cremation,	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
ysic ysic riol- riol,	lost. (c)	OT BUILDING TO THE TERMINAL DISCLASS OF COUNTY	ON COURS IN DARY II.
ph ph sig	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TERMINAL DISEASE OR CONDITI	UN GIVEN IN PART 1(0)
e low retending is been os the prior to	190, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The price of the p	170. CONDITION FOR WHICH OF EXALION WAS FE	YES NO	CAUSES OF DEATH?
by the hospital or attending physician. If the hospital or ottending physician. If the this certificate has been signed by the attending physician and completely filled in by the toneral be detached for use as the buriol-transt permit. Then please remove corban papers. Pages 1 and 2 state Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.	190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PE		e af injury in Part 1 or Part 2, Item 18.)
IAN ficol for for He		f.	o at adjuly at tall 1 se tall 2, non 10.)
DING PHYSICI by the hospit after this certif be detoched Stote Dept. of	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 1		City or Town County State
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ATTENDING etoined by th CTOR: After a should be d orth the Stote	22a. I certify that (I) (this hospital) attended the decease saw the deceased alive an	9 12, and that in (my) (our) opinion	death accurred an the date and haur and from the
OR: outre	causes stated above, (i) (we) (did) (did not) view the	bady after death	
OR ATTENC DE retoined DIRECTOR: A ge 3 should ed with the	22b. SIGNATURE	ATTENDING MED	STAFF 22c. DATE SIGNED
Page Page /	XIAM POGG CYC	DEGREE PHYS. DIRECTO	PHYS LIFT - 00
moy MAL Po	22d. PHYSICIAN S NAME (Type)	22e. ADTRESS	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low repage 4 may be retained by the hospital or othending To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		CEMETERY OR CREMATORY 23d.	LOCATION (City or Town) (County) (State)
H Cage	REMOVAL (Specify)		
· ·	Hurial Jan 22 368 Epiph 24. FUNERAL DIRECTOR ADDRESS	nany Cemetery 25a. REC'D BY REG	STRAK O COSb. REGISTRAES STONEL RELIGIOUS
VR A15 [4] 30M REV, 1/68	6034	Burnie, Md. DATE JAN 2	2 1968
	Singleton Funeral Home Glen	BUTLITE MATLANCE	

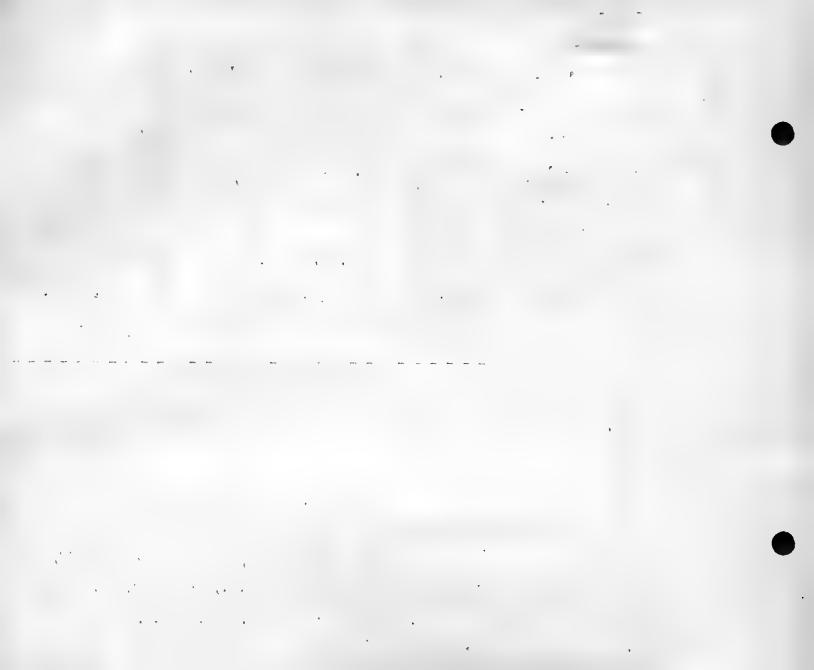


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	2 82		1 DE	CEASED NAME	First	-	M.ddle	Last		2a. DATE OF DEATH			26 HOUR
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	E 75 6		3 SE		4 RAC			5. DATE C		6. AGE	(In years	IF JINDER 1 YEAR	IF UNDER 24 HRS
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	in Z hours tilled n by within 72 hours		10. €	TY OR TOWN OF DEATH		11 NAME OF HO		ITUTION (If nat in hospit	ai 12a USUA	L OCCUPATION (Kind of	work done	125 KIND OF B	USINESS OR
		· ·r		Annapolis		Anne A	rundel	General	aunng mo	ist of working life, ever hou sewife	i it retired)		home
			13a	USUAL RESIDENCE (Where de	ceased lived,	Commatana and Deviden	b.t }	13c CITY OR TOWN	13d. INSIDE CITY EII	MITS? 13e. STREET AND			
	comi	チ	Dullik	Maryl.	and	ounty nne Ari	ındel	Riva	YES NO	<u> </u>			
	equires that the death certificate be executed with physician. Signed by the ottending physician and completely buriol-transit permit. Then please remove carbo burial, cremation, or removal, and in any event.		14 F	ATHER S NAME First		Middle	Last	15 MOTHER	MAIDEN NAME F	irst	Middle		Lost
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	ertificate be physican o en please oval, and ir			no		21/	1-52-96	19 Paul (llarke, S	South River	Manor		olis,Md
	ng Le			18. CAUSE OF DEATH (Ente	er anly one cau	se per line for (o)	(M), and (c)	T.				BETWEEN DN	ATE INTERVA. SET AND DEATH
	equires that the death ce physician. Signed by the ottending buriol-transit permit. The burial, cremation, or rem			PART I DEATH WAS CA	NEDIATE CAUSE	(0)	egras	re con	<u></u>			,24	live
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	end end s be as t	^	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERA	ITION WAS PERF	ORMED 206 A	UTOPSY?	20b IF YES, WER		ONSIDERED IN CEI	ETIFYING
	The off	2	RTIF					1	□ NO)⊠				
	I or cote			210 ACCIDENT WAS UNDER TO DE CAUSE DE	LYING 21b	TIME OF INJURY UR A.M. Manth	Doy Year	21c HOW INJURY	OCCURRED (Enter	nature of injury in Part	1 or Part 2,	item 18.)	
	Porte Partie		MEDICAL	(If either, notify medical ex	aminer)	P.M.	19						
	hos s ce sche		Œ	21d INSURY OCCURRED White STAN Not while STAN	21e. PLACE OF	INJURY (AT HOME, F OFFICE 809	ARM, STREET, FACTO LDING, ETC.	RY.) 21f. LOCATION	Street or R.F.D. No.	City or Town		County	Stote
	the this determine D			While Nat while at work				1		<u>.</u>		ch	
	be Stot			22a. 1 certify that (1)	(this hospit	al) attended/tl	ne deceased	frpm		2 , to	, 19	that	(I) (we) lost
	R: A			saw the deceose					(my) (our) opii	nian death occurred	J on the do	te and hour o	nd from the
	ATT Start			22b SIGNATURE -	//	1/0/	/ //				22c.	DATE SIGNED /	
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the ottending physician and comple e 3 should be detached for use as the buriol-transit permit. Then please remove coled with the State Dept. at Health priar ta buriol, cremation, or removal, and in any event			Mel	rend	J. 1	ick_	DEGREE PHYS	NDING DI M	IED STAFF		1/4/6	, P_
	AL (L D ogg	,		22d. PHYSICIAN S					ADDRESS				
	ERA ERA I be	ĺ		NAME (Type) Rich	ard A.	Peeler.	M.D.	A	nnapolis	, Md.			
	Je 4		23 a.	BURIAL CREMATION 2	3b. DATE	23		METERY OR CREMATOR	Y	23d. LOCATION (City a	r Tawn)	(County)	(State)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the bursol-trorabould be filed with the State Dept. af Health priar to bursol, cre.			BUYAL (Specify)	1/6/68	S	t. Mar	y's Cath.	Church	Annapolia	s, A.A	. Md	
	VR A S	1	24	FUNERALONESPIes I	Bell	, Jr. 9h	a ADDRESS!	Bel H	2Sa REC'D B	Y REGISTRAR 25b.	REGISTRAR'S	SIGNATURE	
	30M REV	68	F	lopping Funer	al Hom	e Anna	polis.	Md.	DATE 1A	R 1900	Willen	was Que	642



MAKTLAND STATE DEPARTMENT OF HEALTH 00131 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00131 CERTIFICATE OF DEATH Lost 1. DECEASED NAME Middle 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death January 16 (Type or pnnt) 4:55PM Clarke Angela 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost butbooy) MONTHS HOURS Caucasian Female. Page 4 may be retained by the haspitat ar attending physician.

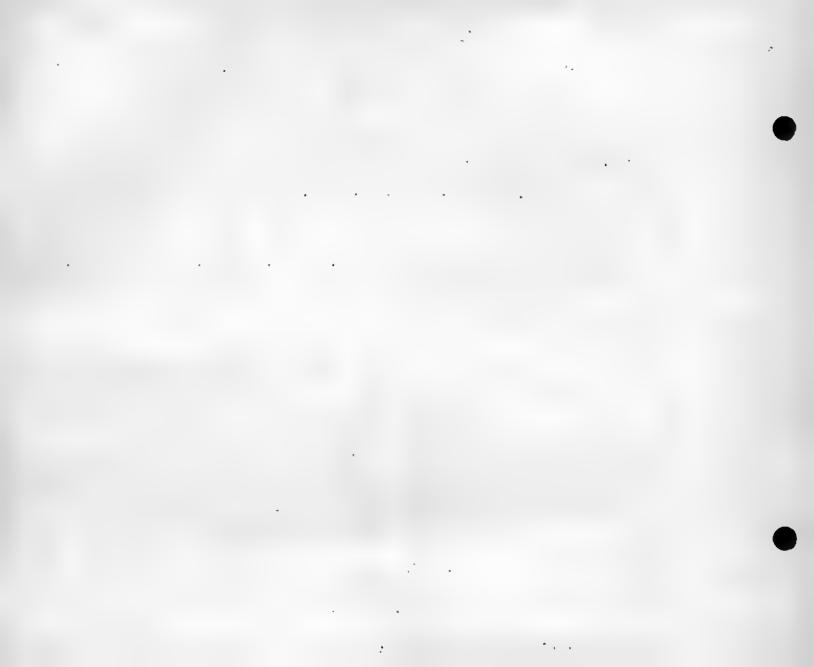
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 types. 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED rough ltimore, Md. Anne Arundel DIVORCED [WIDOWED X 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) Knollwood Nursing Home INDUSTRY Millersville 130 USUAL RESIDENCE (WHELE Glades Wed, if institution Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13h COUNTY TESSUPS odmission) STATE Race Rd. YES NO X IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle First Lost Mary Martin Thomas Agnew 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) Mr. Thomas B. Clarke same address APPROXIMATE WITERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART (. DEATH WAS CAUSED BY: Metastatic carcinoma, inanition 2 years Conditions, if any, which gave DUE TO, OR AS A CONSEQUENCE OF (b) Carcinoma of rectum 2 years rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) None 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES [July 1966 Carcinoma of rectum 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 210, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I **certify** that (I) (this haspital) attended the deceased fram January 4, 19, 68, telangary 16, 1968, that (I) (we) last saw the deceased alive an January 6, 19, 68, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (I) (****COOP(COOP(COOP(COOP)) view the bady after death. did not 22b. SIGNATURE 22c. DATE SIGNED STAFF January 16, 1968 DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Charles W. Kinzer, M. D. 16 Murray Ave., Annapolis, Md. 21401 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b DATE (County) /20/68 St. Lawrence Church Cem. Jessup, Md. REGISTRAR'S SIGNATURE 25b. 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



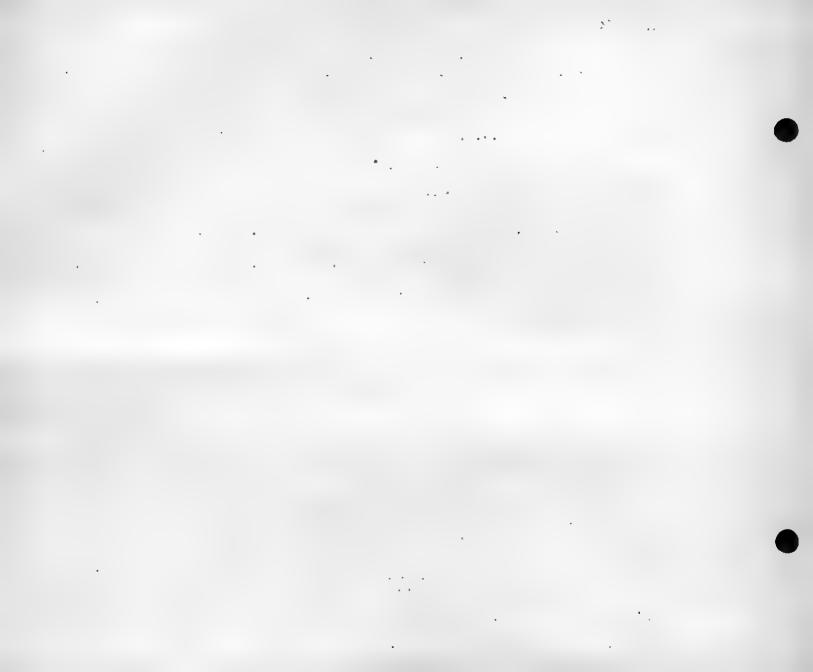
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1/2	١,	tem 5 Film G396 1/15/68 kk	, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00100
XX	<u> </u>		CERTIFICATE OF DEATH	00132
# 43 %		CEASED NAME First Middle ype or print) TITALOTELY	Last 20. DATE OF DEATH Month Day	Year 25
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fer the far	3. 5		S DATE OF SIRTH 1882 6 AGE (In years lost-binhdoy)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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hour rs. Hou	7a 600	IIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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and co	14	ATHER'S NAME First Middle Lost	15. MOTHER'S MAIDEN NAME First Middle	Last
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ertificate bu physician o en pleose	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY		Come ac
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ne death cei offending p permit. The		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)	11 17 7	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
eath andi or r		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	in Heart taling	3 days
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The law rottending has been se os the harror	CERTIFICATION	(YES NO Z CAUSES OF DEATH?	
or of early use		210 ACCIDENT WAS UNDERLYING 216, TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2,	Item 18.)
CIA Site of the site of the si	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M.	19	
PHYSI b hosp its cer toche	星	21d. INJURY OCCURRED While Not while of work Not work	ACTORY 21f LOCATION Street or R.F.D. No City or Town	County State
5 ± ± 9 = 0			red from \$10 (1/2 to 1/20 / 10	(S, that (I) (we) lost
Affe be Steel		saw the deceased glive on 1347	sed from 1965, to 110, 19, 1965, to 110, 19, 1965, and that in (my) (aur) opinion death accurred an the do	ite and haur and from the
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OR ATTENDING PHYSICIAN: be retoined by the hospital or DIRECTOR: After this certificote je 3 should be detoched for of ed with the Stote Dept of Hea		226 SHOWARD THE COMMENT THE COMMENT	DEGREE PHYS MED. STAFF 22c	DATE SIGNED
Poge 4 may be retoined by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept of Health priar to		22d. PHYSICIAN'S MAURICE EKLA	WANS 31 SOUTHGATEA	VE
HOS FUN Fundament	230		CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
5 5 9 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		REMOVAL(Speedy) Jan. 13,1968 Glen	Haven Memorial Pk. Glen Burnie,	Maryland
VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS	S 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S	
VR A15 (4) 30M REV 1/68	S	ingleton Funeral Home/ Glen Bu	urni e, Md. DATEJAN 1 2 1968 Julian	MAY JAMES



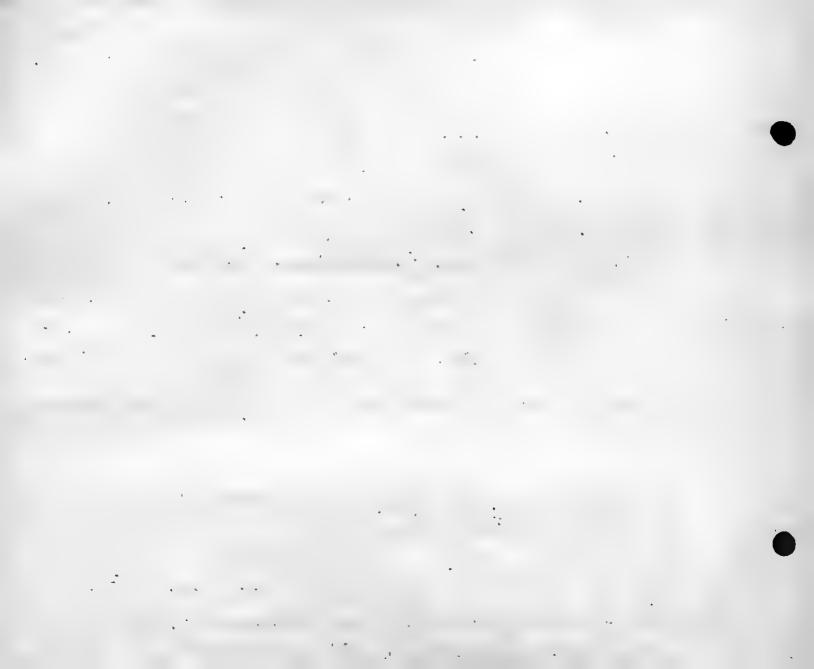
1	100	Ttems 18-222 Film 397 MARYLAND STATE DEPARTMENT OF HEALTH 2-1-68 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STA	IE VI	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0013	3
HEALTH BE	EPI.	1 DECEASED NAME First Middle Cost 20 DATE KNOWNECT Month Day Ye	ear 2b HOJR
ny delay 's 2, and 3 ta PM3. Page-	5	(Type or Print) RAYMOND E. COVEY, Jr. DEATH MATED Jan. 11,	19687:50R
delay and 3 M3. Pa	5	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years I FUNDER 14 ARS 20 DATE PRONOUNCED DEAD	2d HOUR
y de la	5	Male White 11/21/12 2905 YRS Jan boy 11, red 19	08 7:50F
1	<u>ب</u> د	7a BIRTHPLACE (State or foreign country) Maryland TISA WIDOWED DIVORCED Anne Arundel	
ges far		Maryland USA WOOMED NORTH Attitle At dide!	OF BUSINESS OR
dead by Pa	2 #	** *** *** *** *** *** *** *** *** ***	
Give Pages ang with fa	= 4	13a USUAL RES DENCE (Where deceased lived, if institut an: Residence before \$3c (ITY OR TOWN) 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Woodbt	d Metal urn
s of	ded /*	odmission) STATE Markland COUNTY Howard Harwood Pk. YES NO Z 2004 WOOTTAWN Aven	ue
em em	after death.	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 hours after death Thy delay is nitel in Item 18 Give Pages 1, 2, and 3 to niner's Office along with farm PM3. Page-	8 22	Raymond E Covey Sr Beulah Gertrude	
hine nine	hours	160 WAS DECEASED EVER No. S ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no, or unknown) (If yes give wer or dotes of service)	
with with Exam	72	No 577-05-3860 Mrs. Jean L. Covey. 2004 Wooburn Ave	21227
of it	1 -	PART I DEATH WAS CAUSED BY Multiple transatic injuries	N ONSET AND DEATH
xecu	. ×	IMMEDIATE CAJSE (o) DUE TO, OR AS A CONSEQUENCE OF	
be e per ief /	even la	Conditions, if ony, which gave	
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INER: This certificate shaufd be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files.	age 3 should be used as a dougl-flathin permit recempation, ar remayal, and in any event within 72	PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
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NL EXA xecute Page for you	画の	22a. 1 certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🔲, Inquiry 🔲, and	in my ap'n.an
please e la director retained	prior to burial,	death resulted from Natural causes , Accident X, Suicide , Hamicide , Undetermined manner	
please directions	F 5	ACTUAL // L	
UTY, Introduced be read	pric	SIGNATURE ASSISTANT MEDICAL EXAMINER 14 220 DATE STONE	8
O DEPUTY DICA necessary, please e the funeral director 5 may be reto ned	를 등	EXAMINER'S Werner U. Spitz, M.D. DEPLTY MEDICAL EXAMINER	
TO DEPUTY necessary, the funera 5 may be	Health	230 BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
		REMOVAL (Specify) BURTAI. 1-16-1968 Meadowridge Cemetery Howard County, Marylan	ıd
300 2303	4F (5)	24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REGISTRAR'S SIGNATURE HOWARD HOWARD 4107 Wilkens Ave. 21229 DATE IAN 15 1968 Clienter	udar.
VR A15M 10M REV	1.68	Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATE JAN 15 1968 Curries	



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e e e e e e e e e e e e e e e e e e e		death resulted from Nati	usal causes . Acciden	t , Suicide ,	Hamicide Undetermined m	nanner 🔲
d rectained and			100	CHIE	EF MEDICAL EXAMINER	- Albert
77Y y, ple eral d se reto 8AL Di priar		ACTUAL SIGNATURE	luce	11.17	TOTAL TREDICAL ENVIRONMENTS.	26 DATE SIGNED
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TO DEPUT) necessary, the funer 5 may be TO FUNERA Health pi	- 22	NAME (Type)	LINDY V	<u> </u>	RESS(Street, city, town, or county)	
7 52 -	230	BUR AI, CREMAT ON, PEMOVAL (Specify) 2-1-		CEMETERY OR CREMATORY	23d LOCATION (City or Town	
*	24	UNERAL DIRECTOR	ADDR	vridge Cemeter		ty, Maryland SISTRAR'S SIGNATURE
VR A15ME (5)	Ho	ard H. Hubbard, 41		01000	DATE FEB 2 1968	Maring June



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and the second		00135	DIVISION OF VITAL RECORDS			MARYLAND 21201	001	7) (
				CERTIFICATE OF D			OOT.	
de and de and de and de att		CEASED-NAME Mariest	Middle	Cuffie tost	2a. DA	ATE OF DEATH Manth 23 Do	14 68 чеог	7:10 M
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PHYSICIAN: e hospital ar his certificate stached far us Dept. af Healt	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth Day Yea er) P.M.	19		or printing at Polit 1 or Polit 2	, 11811: 10.1	
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OR / be re DIREC		160	has ha	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1/23/6	8
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alth as a state of the state of	18	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	2			e of injury in Port 1 or Port 2,	Item 181
CIAN tal far f He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day	feor		Vernor No. Or	, or many my contract to the total total	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTON: After this certificate has been signed by director, page 3 should be defrached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, creashould be filed with the State Dept.	MED	(If either, notify medical examine 21d, INJURY OCCURRED 21e Pl	LACE OF INJURY (AT HOME FARM, STRE OFFICE BUILDING, ETC.	T, FACTORY.) 2	If LOCATION Street	or R.F.D. No.	City or Town	County State
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Mffer State	П	22a. I certify that (I) (this saw the deceased ali	hespital attended the dec	eased from	JANUARY	10, 19 <u>68</u> ,	taJANUARY 17, 19	68, that (I) (we) last
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OSPI NER Tran,	00	и. О.	J. BRICKEL, LT			SNH, ANNA		(6-1)
O HC Page O FU shar	120	BURIAL, CREMATION, 23b. DA	18-18 P.D.	INC.	OR CREMATORY	27/2 1	RLING TOWN	(County) (Stote)
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	至 人位 華	1.	DECEASED-NAME First (Type or print)	Middle	Last	20. DATE OF DEATH	2b. HOUR
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	1	3	SEX	4. RACE	S. DATE OF BIRTH		HF JMDER 1 YEAR HF JMDER 24 HRS. MONTHS DAYS HOURS MIN
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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the e.g. shauld be detached far use as the burial-transit permit. Then please remave carbon papers, regies ed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after the contraction of the cont	10	CITY OR TOWN OF DEATH Glen Burnie	i) NAME OF HOSPITAL OR INS give street address) NOT the Arunde	TITUTION (If not in hospite) 120 US el Hospital Ste	UAL OCCUPATION (Kind of work done most of work ng life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Beth. Steel
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	amp amp ive	00	mission) STATE Tryland	13b COUNTY Anne Arundel	Arnold YES	NO Route# 1 E	lox # 21
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	The se				YES NO	CAUSES OF DEATH?	
	IN: ar ar ar bar				21c. HOW INJURY OCCURRED (En	iter noture of injury in Part 1 or Part 2, I	tem 18.)
	可能養養) 1	(If e ther, notify medical examin	er) P.M. 19			
	has has see steept.	₹ [3	21d INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME FARM, STREET, FAC DEFICE BUILDING ETC	10RY 21f. LOCATION Street or R F.D. I	No City or Town	County State
	by the haspit filer this certification of the detached State Dept. of		of work at work		1 11	1-7	10
	State of Sta	1		s hospitol) oftended the deceose	ed from 19.	pirion deoth occurred on the dol	and hour and from the
_	R ATTENE retained RECTOR: A 3 should with the	Ш	sow the deceosed al	, (I) (we) (flid) (dyd not) view the	body after death.	philon death occurred on the do	e ond hoor and nom me
	ATT estair sha rith	Ш	22b. SIGNATURE			22c. 0	DATE SIGNED
	OR O		(MAST	+4 decored	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	- 2-68
	AL Day E	-	22d PHYSICIAN'S		22e. ADDRESS		P
	ERA d be		NAME (Type)				···
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar tall the state	23	o. BURIAL, CREMATION, REPORT SECTION 1/		CEMETERY OR CREMATORY thedral Cemetery	Baltimore, Md.	(County) (State)
		2	FUNERAL DIRECTOR	ADDRESS	A 60 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	BY REGISTRAR 2Sb REGISTRAR'S	SIGNATURE
	VR A15 (4) 30M REV. 1/68		Vmt/colo	ment forso	2021/2/2 DATEJA	N 5 1968 mlin	May Judge
							-



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00138 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death the ottending physician and completely filled in by the funeral sit permit. Then please remave carbon papers. Pages I and (Type or print) Month James Bawson. signed by the offending physician and tompierery rines in vy incombined buriof-transit permit. Then please remaye carbon papers. Pages I buriof, cremotian, or removal, and in any event, within 72 hours after 3 SEX A RACE S DATE OF BIRTH 6. AGE (In years F LINDER 1 YEAR 15 DINDER 24 HRS lost birthdoy) MONTHS HOURS 3/23/85 Male Negro To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) in second WIDOWED DIVORCED Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) INDUSTRY Crownsville Crownsville State Hosp. Jnknown 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY LANTS? 13e STREET AND NUMBER odmission1 STATE 13b. COUNTY YES 📆 NO F 1906 E. Lafavette Ave Baltimore Maryland 14 FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Midd.e 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown (If yes give war or pates of service) Hospital Records, Crownsville, Maryland Unknown Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Pneumonia BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o). Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) ificate has been si for use as the b f Health prior to b Cerebral Arteriosclerosis; chronic brain syndrome 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO 🖂 210. ACC DENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 of Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 3 should be detached with the Stote Dept. of (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work __, 19__68 , that (I) (we) last causes stated abave, (1) (we) (did) (did not) view the bady after death. 22h SIGNATURE 22c DATE SIGNED ATTENDING STAFF 1/8/68 DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Maryland Benedict 23c. NAME OF CEMETERY OR FREMATORY 23g BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) ADDRESS 250. RECD BY REGISTRAR 30M REV 1/68 411011 ams

MARYLAND STATE DEPARTMENT OF HEALTH



	1	0010		IVISION OF V		D STATE DEPARTA 301 W. PRESTON ST		.TH re, maryland 21201		
		00139				ERTIFICATE OF		,	0013	39
eaff.		ECEASED NAME Type at print)	first Indrew		Middle J.	Last DODD		DATE OF DEATH January 9	Day 1968°	25. HOUR 9:40PM
<u>P</u>	3. 9		-11-0-1	4. RACE		S. DATE OF I		6. AGE (n years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Male		Cauca	sian	Apr.	27, 1887	last birthday) 80 YR	MONTHS DAYS .	HOURS MIN
-	7a	BIRTHPLACE (State or	foreign 7	CITIZEN OF WHAT	COUNTRY?	8 MARRIED NEVER MA	ARRIED 9. CO	UNTY OF DEATH		
	100	Virgini	a	USA		La.dul		Anne Arundel		Md.
	10.	CITY OR TOWN OF DEA	TH	11, hAM give stre	E OF HOSPITAL OR INS	FITUTION (If not in haspital	12a USUAL OCC	CUPATION (Kind of wark dan	12b. KIND OF INDUSTRY	BUSINESS OR
*:	_	illersvill				nor Nursing	Home ret	working fe, even if retired carpenter	Fed.	Govit.
P		ussion) STATE Ma	nere deceased ryland	13h COUNTY	. Residence befare		YES NO NO	13e. STREET AND NUMBER	erton Lan	e
	14.	FATHER'S NAME F	ırst	Middle	Last	15. MOTHER'S A	MAIDEN NAME First	Middle		Last
	L		George		Dodd		Marth	a	Insco	e
	160	. WAS DECEASED EVER Yes, no, or unknown)	IN U.S. ARMED	FORCES?	66 SOCIAL SECURITY N			Address		
		no			226-48-0	76 Melvin D	odd Sr	same as #13	above	
		1B. CAUSE OF DEAT PART I DEATH	H (Enter anly	24					BETWEEN OF	nate interval NSET and Geath
		PART L DEATH	IMMEDIATE		ocardial	infarction_			less	
		forf ,			A CONSEQUENCE OF	•				hour
		Conditions, if any, w	rnich gove) cause (o),	10/		rosis, gene	ral and co	oronary	sevei	ral year
		stating the underly		DUE TO, OR AS	A CONSEQUENCE OF					
		last y	J	(r) —	IC TO DEATH BUT NO	T DELATED TO THE TENHEN	AL DIFFACE ORGANIDIT	TON COUCA IN DADY 1/-1		
	*	Acute upr	er res	piratory osclerot	infection ic), Righ	n, Diabetes t'inguinal	mellitus. hernia	ion given in Part 1(a) Chronic org	anic brai	in
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	190 DATE OF OPERATE	ON 196. CO	NDITION FOR WHICH	OPERATION WAS PE	FORMED 20a AUT	OPSY?	20b IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CE	RTIFYING
	CERTIFICATION	none				YES [
	_	210. ACCIDENT WAS	CAUSE OF DEATH	21b TIME OF II HOUR A.M.	NJURY Manth Day Year	23c. HOW INJURY O	CCURRED (Enter notu	re of injury in Port 1 or Part	2, Item 1B.)	
	MEDICAL	(If either, natify med	dical examiner) P.M.	19					
	12	21d. INJURY OCCURR While Not while at work of work	(EU Zie. Pl	ACE OF INJURY (A	FROME, FARM, STREET, FAC FFICE BUILDING, ETC.	ORY) 21f LOCATION Stre	eet of R.F.D No	City or Town	County	State
		at work of work	ص الم	harrital\ att	dad 4ba daa	J. January	6 1068	ialannary Q	10 68 that	(I) (ma) 1=4
		saw the de	iai (I) (Inis ecensed aliv	nospiral) atten	ged the decease	o tram variually	ny) (aur) apinian	, to January 9 , death accurred an the	date and have	and from the
	Н	causes stat	ed abave,	I) (we) (did) (d	id nat) view the	ady after death.				
		22b SIGNATURE	1 00	1.11		ATTEND	ING - MED	STAFE C	2c DATE SIGNED	
	П		type (C)	WIZ	<u> </u>	DEGREE PHYS.	DIRECTO		anuary 10), 1968
ì		22d. PHYSICIAN S NAME (Type)	'hanl ac	W King	er, M. D.	22e. AD	DORESS 16 Mus	rray Avenue	בחולבה ב	
	=					CHETERY OR COSH (752)		LOCATION (City or Town)		(Canada)
	230	BURIAL, CREMATION, REMOVAL (Specify) MOVAL—BUT	23b DA	4 -		EMETERY OR CREMATORY			(County)	(Stole)
	24	HOAST-BAL	Lat 1/	12/68	ADDRESS:	c Bapt Ch	Cem. 2So RECD BY REG	ISTRAR 25h REGISTRA	ngGeorge R'S SIGNATURE	Va.
		opping Fu			napolis.	Md	DATE AN 1	2 1968 Police	reles Jud	et.
									17-0	



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00141 00141 CERTIFICATE OF DEATH Last 1. DECEASED-NAME Middle 2g. DATE OF DEATH (Type or print) Month n. H. Marshall Duncan 4 RACE IF UNDER YEAR 3. SEX S. DATE OF BIRTH 6 AGE (In years SE UNDER 24 HRS last birthary) DAYS White 11-08-23 Male 7o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED! country) WIDOWED [77] DIVORCED [7] ANNE ARUNDEL and in ony event, within 72 Maryland
IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street adpress 1 Hospital duang most of working life, even if retired) INDUSTRY please remove corban Glen Burnie and completely Maint Stateneo 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE OTY LIMITS? 13°1 STREET AND NUMBER TWOOD requires that the death certificate be executed admission) STATE NO. Pasadena Md. Arundel neorest Pasadona Md 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Marshall Duncan Klemm Edna Hemov 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, po_or unknown) cremation, or removal, 217-16-6102 Burnetta L. Duncan - Pasadena, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A SONSEQUENCE Conditions, if any, which gave) transit rise to immediate cause (a). DUE TO, OR-AS A CONSEQUENCE?O stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗀 for use page 3 should be detached for use filed with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY,) 21d INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while of work 22a. I certify that (i) (this hospital) attended the deceased from 1964, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (i) (we) (did) (did not) view the body ofter death. 28h SIGNATURE ATTENDING STAFF DEGREE PHYS DIRECTOR 22e. ADDRISS PHYSICIAN S NAME (Type) director, p 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23d LOCATION (City or Town) (County) Baltimore, Maryland (Stote) 23a. BURIAL CREMATION 23b. DATE REMOVAL (Specify) Balto Nat'l Cemeterv 1968 0 ADDRESS 24. FUNERAL DIRECTOR 30M REV. 1/68 Home/Glen Burnie.Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00142 CERTIFICATE OF DEATH Middle DECEASED-NAME 20 DATE OF DEATH 2b HOUR The law requires that the death certificate be executed within 24 haurs after death (Type or print) Month WILLIAM DUNDON TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the for directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs after 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR 3 SEX MONTHS DAYS lost birthoay) Male White July 26, 1911 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED TENEVER MARRIED Frestburg, Ma. U.S. DIVORCED [7] WIDOWED [Anne Arundel. 12a USUAL OCCUPATION (K nd of wark done during most of wark ng life, even if retired)

Machinist

13d MISDE CITY JM. IS? 13e STREET AND NUMBER 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR Severn give street oddress)

Box T 37 Rt. 170

130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN INDUSTRY Eastern Pred 13b. COUNTY Bex T37, Rt. 170 Severn 15 MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Dunden Geerge Catherine --- Cronley 16n, WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 214-07-3552 Angela E. Dunden - same 18 CAUSE OF DEATH (Enter only one cause per line for (0), (b), and (c))
PART! DEATH WAS CAUSED BY.

1MMEDIATE CAUSE (0)

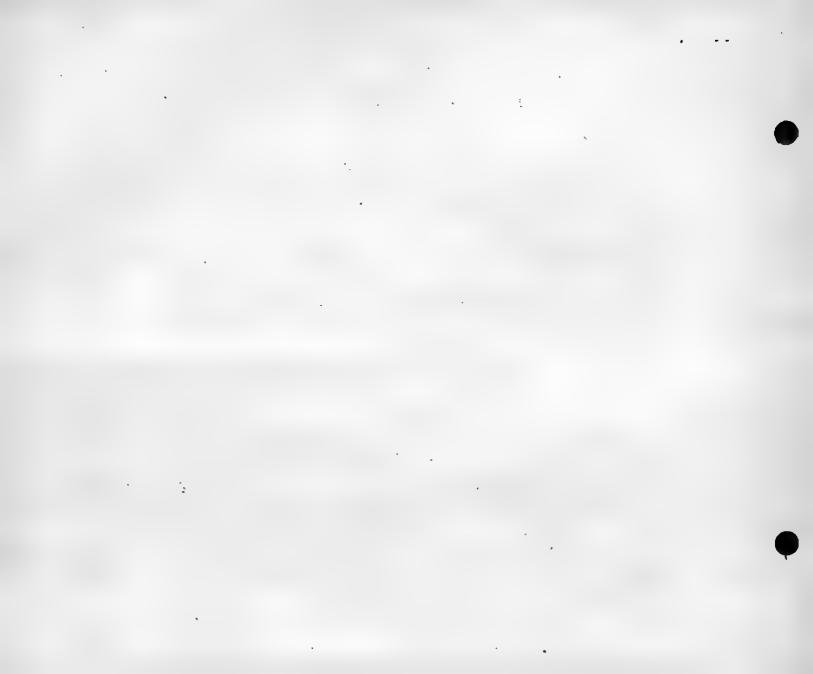
1MMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF cordice comments uncly Canditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County While Nat while of work 22c. DATE SIGNED 22b, SIGNATURE ATTENDING PHYS Jan. 20, 1968 DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Eugene Schnitzer, M.D. 3904 S. Hanever St., Baltimere 25 NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23g. BUR AL, (REMATION, REMOVAL (Specify) 23d LOCATION (City or Town) (County) (Stote) Cedar Hill Cemetery Ritchie Hgwy. A.A.Co., Mi. 1-22-1968 25o. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 [4] 30M REV 1/68 DATEJAN 2 3 1968 George J. Gence-4001 Ritchie Hgwy., Baltimere



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00143 00143 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle lost 2a. DATE OF DEATH First 2b. HOUR burial, cremation, ar remaval, and in any event, within 72 Haurs after death (Type or print) Month Laura Duvall IF LINDER TYFAR 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS AGE (In veors June 2. Female 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [NEVER MARRIED 9. COUNTY OF DEATH country aryland ISA DIVORCED WIDOWED F Anne Arundel 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address)
Lorth Arundel Hospital during most of working life, even if retired.)
Housewife INDUSTRY please remave carbon Glen Burnie Own Home 13e STREET AND NUMBER Riviera Beach 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? odmissian) STATE 13b. COUNTY NO 🗔 Pasadena Main ave. Micidle 14. FATHER'S NAME First Middle Last 15. MOTHER S MAIDEN NAME First Joshua Watts Marv Wade 16g. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, not principality of the sale of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, or unknown) 214-54-8217-1-1 Leroy Duvall, Riviera Beach. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. signed by the attendir burial-transit permit. IMMEDIATE CAUSE (a) Hypertensive cardio vascular disease Canditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the talt alth priar to b O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [7 director, page 3 should be detached for use should be filed with the State Dept. of Health 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of mury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. Ng. City or Town County Stote White Nat while at wark 22c DATE SIGNED 22b SIGNATURE M . D . ATTENDING MED DIRECTOR DEGREE PHYS Samuel Ruhin 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Samuel Rubin, M. D 201 Potanaco Ave. 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (Stote) 23g BUR AL CREMATION. -REMOVAL (Specify) Pasadena, AA Co., Md. 19 Jan. 68 Magothy Cemetery 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) DATE JAN 19 ycharten 30M REV. 1/68 Kirkley Funeral Home, Glen Burnie, Md.



*	00144 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	144
HEALTH DEPT.	1. DECEASED NAME First Middle Last 2a DATE KNOWN DO Month Day	Yeor 2b HOUR
and the second s	(Type or Print) MARTON H. LOVALL DEATH MATED 1 20	1868 PM
delay	3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE IN MONTHS 1 WAR FUNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
a ge a fair	W Aug 10-1885 82-YRS	edr 1968 M
2 7 2	70 BIRTHPLACE (Store of foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form farm	COUNTRY MARY AND U.S.A. W DOWED DIVORCED A.A. CB.	Md
Pages ith far State		IND OF BUSINESS OR
Per at you	THE GURNIE BUH-NORMA HELMOND HOME MAKON O	wroma
s ofter 18. Gr s along 2 with death.	T30 USUAL RESIDENCE (Where deceased ived, if institution Residence before 13t CITY OR TOWN odmission) STATE 13b COUNTY 13e STREET AND NUMBER	A. 100
75 c 18 de q	193 April 1/200016 113- 310	<i>-</i>
hours Item 1 Office Tand2	14 FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Lost
24 ris lin lin lin lin lin lin lin lins lins	GNKNOWN- WOLF GNKNOWN	210
I within 24 in pencil in Examiner's Examiner's File pages 7 7 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes na, ar unknown)	sra aue.
l wit n pel Exan File	(Yes na, ar unknown) It yes give mor or dates of service) conknown ARThur R. Duuril - flon !	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c)) PART I DEATH WAS CAUSED BY	ETWELT ONSET AND DEATH
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nould be executed ward "pending" if the Chief Medical rial-transit perm to any event with	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave }	- >6
d be chie	nse ta immediate cause (a), (b), (b)	
should be e ne ward "per ta the Chief I burial-transit	stoting the underlying couse Dut TU, OK AS A CONSEQUENCE OF	
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s certificate s, writing the farwarded ta used as a bu	PART 2 OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writing writing rwarded sed as a	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
his certificate, writing e farward be used a remaval, remaval,	WAS PERFORMED?	YES NO. NO.
-c p o -c -	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW JUJURY OCCURRED (Enter nature of agree) by Part 1 or Part 2, Item 18	
INER: 1 e certific shauld b files. 3 shauld arian, a	PRIMARY TO R CONTRIBUTING HOUR AM. CAUSE OF DEATH PM 1. 10 1968 Fig. 1968 PM 1. 10 1968 PM	
Sha s	ZI a INJURY OCCURRED 2 e PLACE OF INJURY (At hame, farm, street, white and fortary, office building, etc.) 21f LOCATION Street at R.F.D. No. City of Town Countries and fortary, office building, etc.)	nty Stote
(AMINER: te the cert te 4 shault rour files. age 3 shau crematian.	WHALE AT WORK AT WORK AT WORK AT WORK	
CAL EXAMINER: execute the cert are Page 4 shaul of far your files. CTOR: Page 3 shaul burial, cremation		and in my opinian
CCAL I	death resulted fram Matural causes . Accident . Suicide . Hamicide . Undetermined manner	, ,
Try blease eral directal be retained be retained pract table	CHIEF MEDICAL EXAMINER	1
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o DEPUTY DICAL EXAM necessary, please execute the funeral directar Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health prior to buriai, crem	NAME (Type) - Lice SARE of - ADDRESS (Street, city, town, or county)	Re)
To D To Fine Head Head Head Head Head Head Head Hea	230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (Count	
Chr	Burial 1/23/1968 Mendownide Menorial Pt. E/Knidge	nd-
KY)	24 FUNERAL DIRECTOR Defect P. Come JADRESS 250 RECD BY REGISTRAR 256 REGISTRAR SIGNAT	
VR A15ME (5)	Singleton Funeral Home / Glon Beause Md. DATE JAN 22 1968 forester	00



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00145 00145 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH Erst Lost 2b. HOUR (Type or print) Month ARLES 10:50A M 3. SEX S DATE OF BIRTH A RACE IF UNCER YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) MONTHS DAYS HOURS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED within CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 32b KIND OF BUSINESS OR during mest of working life, even if retired.) requires that the death certificate be executed with physician and completely please remave carbah 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY or remayal, and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Lost Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (if yes give war or dates of service) Yes, no. or uaknown) the attending phy APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEA PART I DEATH WAS CAUSED BY Cerebren IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying egusel signed l burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? detached far use te Dept. af Health YES 🖂 NO K 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. State Dept. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended/the deceased from... 122 1968, and that in (my) (our) opinion death accurred an the date and hour and from the saw the deceased alive ancauses stated abave, (i) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c. DATE/SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22e, ADDRESS 22d. PHYS CIAN S NAME (Type) RICHARD 16 Murray Ave., Maryland HOCHMAN. Annapolis. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b DATE LOCATION (City, or Town) VR A15 (4)



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ICAL EXA so execute for Poge ed far you CTOR: Pog burial, cre		22a. I certify that I to	ok charge of the remains descri	bed above, held on Auto	psy X, Ins	pection , Inquiry	ond in my opinion
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please e plactor retained DIRECT ior to bu		ACTUAL AND O	12 5 -		EF MEDICAL EXAMINE		
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43.	24	FUNERAL DIRECTOR	ADD	RESS	25a REC D BY REC		# (1
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MARYLAND STATE DEPARTMENT OF HEALTH 00146 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00339 CERTIFICATE OF DEATH 25. HOUR A DECEASED-NAME Middle Lost 2o. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. director, page 3 shauld be detached far use as the burial-transit pemit. Then please remave carban papers Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death attending physician and campletely filled in by the funeral permit. Then please remave carban papers. Pages 1 and (Type or poot) 1968 DIVISINDR Jan. IF UNDER 24 HRS. 3. SEX S. DÄTE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR iast birthday) MONTHS BAYS HOURS 2 YRS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED | NEVER MARRIED country) DIVORCED Anne Arundel WIDOWED [NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 3d. INSIDE CITY JIMITS? 13e. STREET AND NUMBER odmission) STATE 13Ь. СОЦИ 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First DAVIDSONVILLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **INFORMAN** 16b. SOCIAL SECURITY NO Yes, no, or unknown) (If yes give wer or dates of service) APPROXIMATE INTERVAL 38 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN DISET AND DEAT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES -210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 111 - , 19 68 , to 1 (12 , 19 68 , that (I) (we) last cow the deceased alive an 1 (12 ____19 68 , ond that in (my) (aur) apinian death occurred on the date and hour and from the OR ATTENDING couses stated above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE ATTENDING PHYS DIRECTOR 22d. PHYSICIAN S NAME (Type) 23C NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23b DATE (State) (City or Town VR A15 (4) Occumen

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits white RURAL and give nearest lown) c. LENGTH OF STAY IN 16 Write RURAL and give nearest town! N. Linthicum d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Louise Ave YES NO V 3. NAME OF Middle DECEASED OF (Type or print) DEATH 1965 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months . Days WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Realistale Sales men 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM ᇻ 15, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (Ifyes give war or detas of service) 18. CAUSE OF DEATH | finiser only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to immediate cause (a), stating the underlying **DUE TO** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(B) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO X 20e ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert | or Part || of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stete) factory, street, office bldg., etc.) Hour a.m. While Not Whila at work at work 21. I certify that (I) (this hospital) attended the deceased from....... 1968, and that death occurred at 3.7 AM, from the causes and on the date stated above. saw the deceased alive on... 22e. SIGNATURE DATE 22b SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Charles L. Ball, Jr., M.D 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Meadow Ridge Mem. Park Cem. Baltimere, Maryland 2-1-1968 Burial **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR TROWN REGISTRAR'S SIGNATUR VR A1S (4) 15M 7;61 Gence-4001 Ritchie Hgwy., Baltimere, Md., DATE

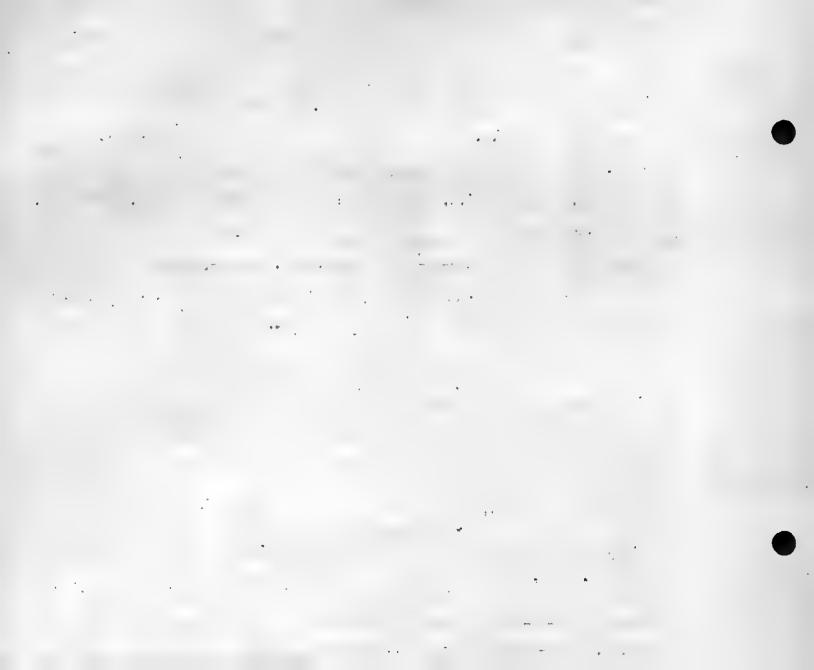
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1. 1		00149	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
+		00133		CERTIFICATE OF DEATH		00347
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	3 5	X	4 RACE	S DATE OF BIRTH	6 AGE (In years	IF JINDER 1 YEAR IF JINDER 24 HRS.
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L OR ATTENDING PHYSICIAN: The low be retained by the hospital or attendin DIRECTOR: After this certificate has been ge 3 should be detached far use as thiled with the State Dept. of Health prior the state Dept. of Health prior the state Dept.	J.W.	21d INJURY OCCURRED 21e.		FACTORY.) 21f LOCATION Street or R.F.D. N	lo. City or Town	County State
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 00150 CERTIFICATE OF DEATH 00148DECEASED NAME Middle Last 20. DATE OF DEATH First 2b. HOUR P burial, crematian, ar removal, and in any event, within 72 hours after death (Type or print) Month FONTZ Anna May 1968 January 3. SEX 4. RACE S DATE OF BIRTH IE LINDER I YEAR IF UNDER 24 HRS 6. AGE (In years last birthdoy) HOURS Female Whi te Apr. 23. The law requires that the death certificate be executed within 24 hours 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED thm attmoding pllysicion and campletely filled in l sit permit. Then please remove carban papers. country) Anne Arundel County Maryland U.S. WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress! Annapelis Anne Arundel General 13g USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Old Mill Rd., Bex 19, Rt. 8 Pasadena 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First ---- Smith Casper Jager 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, acunknown) I (If yes give war or dates of service) 219-30-5429 Clarence L. Fentz - (same) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) MY CO CARDIAL INFARCTION NENTRICULA FIBRILLATION signed by the attending burial-transit permit. SUDDEN DUE TO, OR AS A CONSEQUENCE OF 10) ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gave) SURS. rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying couse 7 YRS IMBETES PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OBESITY **D FUNERAL MIRICTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to 19g, DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING YES X CAUSES OF DEATH? NO [T] 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State While Not while City or Town County at work 22a I certify that (I) (this hospital) attended the deceased from JUNE , 1956, to JAN 18, 1968, that (I) (we) last saw the deceased alive an JAN 17 1968, and that in (my) (eur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED ATTENDING STAFF PHYS. 1-18-68 DEGREE DIRECTOR 22d. PHYSICIANS 22e ADDRESS O FUNERAL LANKFORD JR. 2934 MOUNTAIN 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) (State) 23o. BURIAL, CREMATION. (County) 1-22-1968 Loudon Park Cemetery Baltimore, Maryland 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 [4] George J. Gonce-4001 Ritchie Hgwy., Baltimere 30M REV. 1/68



1 /	Įt 31	5-68 ame Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.0.
FOR STATE	I	tem #14 F112 G397 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00149
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ecuted in inglination in sedical Exermit. F		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" i Medical permit.		MAMEDIATE CAUSE (a) Arteriosclerotic C.V.D.///4/4/4/4/4/	0/
be exemple be exempled the pend ansit pend event		Canditians, if any, which gave prise to immediate cause (a), (b)	headen
This certificate should be executed within 24 icate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's the used as a burial-transit permit. Fle pages or remaval, and in any event within 72 hours		stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	
freate ing th ded to ded to ded to		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certif writi arwar used maval	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his ofte, of the fare fare fare fare fare fare fare far	RTIFE		YES NO X
# 7 4 6	MEDICAL C	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	18.]
	3W	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, at work At work At work At work At work At work	County State
XECU. Page for your ook: Page fo		22a. I certify that Look charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from (Natural causes). Accident , Suicide , Hamicide , Undetermined monner	and in my opinion
please e please e director retained L DIRECT		CHIEF MEDICAL EXAMINER	-3
A A L		ACTUAL SIGNATURE MD ASSISTANT MED CAL EXAMINER 226 DATE SIG	GNED 6-68
O DEPUTY necessory, property factorized from the funeral of FUNERAL Health price		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	Hen.
the To I	230	D. BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Continued Continued C	County) (State)
0		REMOVAL (Specify) Burial Jan 20.1968 Holy Redeemer Cemetery Baltimore, Mary ADDRESS 250. RECD BY REGISTRAR 256. REGISTRAR 5 SIG	
VR A15ME (5) 10M REV 1/68		Singleton Funeral Home Glen Burn ie, Mc Date JAN 19 1968	es Judges



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00150 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b HOUR certificate be executed within 24 haurs after death. by the funeral Pages I and 2 burial-transıt permit. Then please remave carban papers. Pages 1 a<u>nd. 3</u> burial, crematian, or remaval, and in any event, within 72 haurs after death (Type or print) CHARIES FRANK S. DATE OF BIRTH 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 6 AGE (In years lost birthdoy) MONTHS MALE WHITE YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED [NEVER MARRIED physician and campletely filled in country) DIVORCED [ANNE WIDOWED 💢 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Retired Tavern Owner INDUSTRY CLOWNSVILLE 13e. STREET AND NUMBER 13c CITY OR TOW 130 USUAL RESIDENCE (Where deceased lived, if Institution Residence before, 13b. COUNTY BAL-TIMORE YES NO 15 S. ELIWOODAL 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle JOHN HURLE FRANK Mar 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Paul Ritt S. Wllwood Ave. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) requires that the death DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if onv. which gove h rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 3 should be detached far use as the with the State Dept of Health priar ta this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? NO [YES [21o ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County Stote City or Town While Not while of work TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from 12/20 . 1967, to 1-10 .1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the 1/10 saw the deceased alive an. 3 should causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR DEGREE director, page should be filled 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) C. Rump. 200 restant EUGENE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE (County) (Stote) REMOVAL (Specify) 1-13-1968 Sacred Heart Baltimore County, Maryland **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI FUNERAL DIRECTOR Lilly & Zeiler Inc. Musilan 1901-07 Eastern Ave. 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 00153 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00151 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED NAME Lost 26. HOUR After this certificate has been signed by the ottending physicion and completely filled in by the funerol, be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after defith. (Type or print) 3 SEX AGE (in years lost birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHEDACE Store of foreign 8. MARRIED TI NEVER MARRIED WIDOWED DIVORCED 10 CUTY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. K NO OF BUSINESS OR give street oddress during most of working life, even if retired) INDUSTRY 130 USUAL RESIDENCE (Where receased lived, if institution: Residence before 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b COUNT IS MOTHER'S MAJDEN NAME First 14 FATHER'S NAME Middle Lost 160/WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMAN (If yes give war or dates of service) Yes, no, or unknown) ottending p APPROXIMATE INTERVAL 18. CAUSE OF CEATH (Enter only one couse per line for (b), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19o. OATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF CEATH? YES | NO DE be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Qoy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.O. No 21d INJURY OCCURRED Stote City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the degeased from... and that in (my) (our) apinion death occurred an the date and haur and fram the sow the deceased alive on ?director, page 3 should should be filed with the couses stoted obove, (1) (we) (did) (did not) view the body after deoth 22b SIGNATURI **OEGREE** DIRECTOR PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. OATE FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 OATE



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w			00154 P		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	0.0 * * * *
•	· ·		00104	(CERTIFICATE OF DEATH		00152
	5 2 5		ECEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
	death.	-	Type or print) St	efan	Gerhardt	Month 1 Day	Y68 1:55 NB
	- T	3.	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IE UNDER 1 YEAR IF UNDER 24 HRS.
	1 1 1 1 1		Male	White	- 6/1/96 5-31	-96 last bithday) YRS	MONTHS DAYS HOURS MIN.
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	e executed within 24 h and campletely filled in remave carban papers. n any event, within 72 h	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120 USUA	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	within tely fill pan po	.	Crownsville	give street address)	State Hosp. during mo	st of working life, even if retired)	INDUSTRY
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	ump ve c	odi	nission) STATE	13b COUNTY		21-7-Southerl	A-BONE
	d co	7 14	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME FI		Lost
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	ertificate be physician c nen please aaval, and ir	16	. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY		Address	
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	requires that the sphysician. signed by the committee burial-transit properties.		PART 2. OTHER SIGNIFICANT CONDIT		OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
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	ING by the	Y	22a, I certify that (1) (this	haspital) attended the deceas	ed fram 7/26/ , 196.		that (I) (we) last
	NO Sed In		saw the deceased aliv	e an 1/1/7/ 1) (we) (did) (did not) view the	968, and that in (my) (aur) api	nian death accurred an the date	e and haur and fram the
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		24	FUNERAL DIRECTOR	ADDRESS			IGNATURE VACASIANA
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	1		00155	DIVISION OF VITAL RECORDS, 30	1 W. PRESTON STREET, BALTIF	MORE, MARYLAND 21201	
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	VR ALOVA)	24.	FUNERAL DIRECTOR	ADDRESS A	of 250 PET D BY	REGISTRAR S	IGNA VRE
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	00156 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.044.4
٠/ ا	CERTIFICATE OF BEATH	00154
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OR ATTEND DIRECTOR: A Ple 3 shauld ed with the	saw the deceased alive an	and haur and tram the
AT retain showith with		ATE SIGNED
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1. 1	10157 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00155
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by P	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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h cert ing ph Them	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY
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ING by the frer be d	22a. I certify that (I) (this haspital) attended the deceased from, 1963, ta/, 1966, that (I) (we) last saw the deceased alive an1962, and that in (my) (aur) apinian death accurred an the date and haur and from the
ATTENDING etoined by th CTOR: After t should be d vith the State	saw the deceased alive an
CTO Shoot	22c. DATE SIGNED
OR De red w	Oction Degree Phys Director Director 1/4/68
SPITAL 4 moy IERAL I	22d. PHYS.CIAN S 22e ADDRESS NAME (Type)
A n A n NER Stor,	
TO HOSPITAL OR Page 4 may be ra O FUNEAL DIRE director, page 3 should be filed w	30-BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (SOCIETY) /-567 Lee Cremotory WASHINGTON D.C.
= =	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV 1/68	TO Harlette Auriapric Wel DATEJAN 8 1968 Charles Single





	10	MARYLAND STATE DEPARTMENT OF HEALTH	
SOD STATE	U	0159 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00157
HEALTH DEPT.	1 £	THE THE PROPERTY OF THE PROPER	Day Year 2b HOUR
		Type or Print - Francisco / T. Stuffen DEATH MATED /	7 AS 7. M
P 8 9 9	3 5	EX 4 RACE . S DATE OF BIRTH 6 AGE (In years Lighter 1 YEAR I FUNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
y deli		M 4/3//8 93 GSL DOTHING MAN HOURS MEN Month / Day 7	Year AS M
200		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH	21
2 4 4	COUL	130412 Mile W. 317, WIDOWED DIVORCED J	Md Md
ofter death 8. Give Pages along with the with the State	10 0	TTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize, usual Occupation (Kind of work done during most of work no his even if retired)	12b KIND OF BUSINESS OR
er d	120	SUAL RES DENCE (Where deceased lived, it institut on Residence before 13c CTY OR JOWN 13d INSIDE CITY UNITED 13e STREET AND NUMBER	KK.
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them 18 Office Office after d	14 1	FATHER S, NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	lost
24 hours in frem 1 r's Office es 1 and 2 rs after d		Por Enitting Susie	
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I within in penci Exomine File pog		(es, nor for unknown) (11 yes or y wor or doperol sorre) 7/7-C/436 Klizzobello Brown 5523 K	125. Kg
ecuted to find the fi		1B. CAUSE OF DEATH (Enter on y one cause per line for (o), (b) and (c)) PART! DEATH WAS CAUSED BY:	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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be exe "pendi nief Me onsit pe event		Canditians, if any, which gove)	,
Child by		rise to immediate couse (a). (b)	
should be en the word "pelot in ony ever		stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF	
INER: This certificate should be executed within 24 hours ofter death the certificate, writing the word "pending" in penci in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with foxquiles. 3 should be used as a burial-transit permit. File pages land2 with the Sturemann, or removal and in any event within 72 hours after death		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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is certification of the second	CATIC	9g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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MINER: he certif I should r files r 3 should morion,	MEDICAL	21d NJURY OCCURRED 21e PLACE OF NJURY (At hame, farm, street, 21f, LOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE of foctory, office building, etc.)	
7 27 -		22a. I certify that I tack charge of the remains described abave, held an Autopsy , Inspection , Inquiry	ond in my opin an
ICAL e exector. P ctar. P eer fo eer fo burro		deoth resulted from Matural causes , Accident , Suicide , Hamicide , Undetermined monner	
TY BICA y, pleose e: vid directar. e: etclined :AL DIRECTO		CHIEF MEDICAL EXAMINER	
> To # E		ACTUAL SIGNATURE M.D ASSISTANT MEDICAL EXAMINER 226 DATE	SIGNED
o DEPUTY DICAL Enecessary, please exect the funeral director. Po Found for Development or Development DIRECTOR:		EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	Max
O DEPUT necessary the funer 5 moy be O FUNERA	230		(County) (State)
9 -	1	BURIAL CREMATION 23b DATE 23s NAME OF CEMETERY OR CREMATORY 23d LIGCATION (CITY OF TOWN)	(State)
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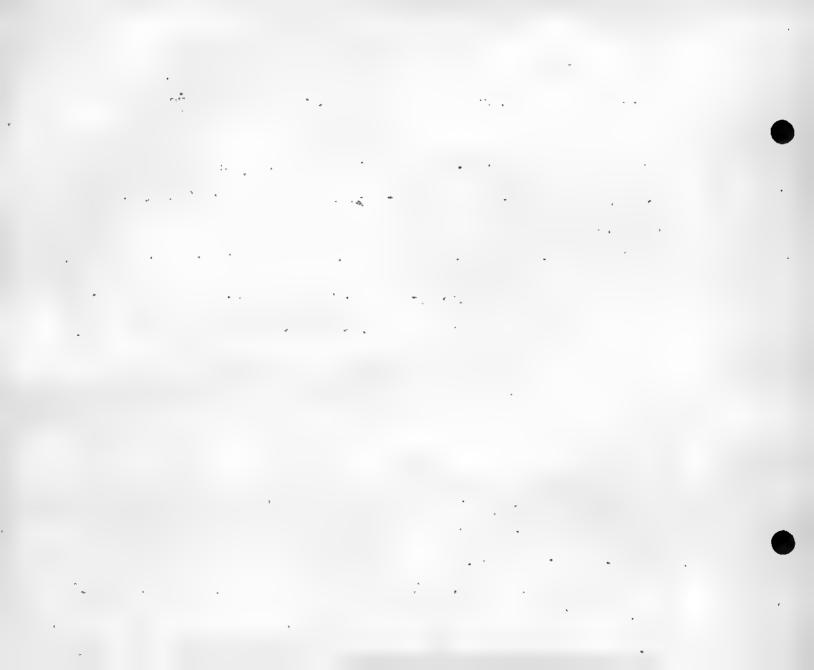


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00158 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME First 20 DATE KNOWN Month 2b HOUR (Type or Print) ESTI-BRUBN DEATH MATED 6 AGE (In years E LINDER 24 HRS 3 SEX S DATE OF BIRTH DATE PRONOUNCED DEAD 2d HOUR Doy / 10 Year 3-26-27 ZO YRS 7a BIRTHP ACE (State or foreign MARRIED IN NEVER MARRIED 76 CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH W. Va. U.S.A. WIDOWED [A.A.CO DIVORCED I 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR D. OA-North, Maundel during most of working life, even if retired.) INDUSTRY 13e STREET AND NUMBER 5006 Ravenwood Rd. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN Riverdale odmission) STATE Md. 135 COUNTY Jand 2 ofter 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME Middle Middle Bryan Jennings Griffith Oda Hableton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (Yes no, or unknown) U. S. Army Records Ft. George Meade CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Cond trons, if onv. which gove rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [NO DE 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) PRIMARY X OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At name, form, street, County AT WORK AT WORK Fach mende Rd & Harsen 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection [Induiry . and in my opinion Accident 7 deoth resulted from: Natural causes Suicide . Homicide | Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** ASS STANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER moy **EXAMINER'S** O FUNE Health ·L·ubiand ADDRESS(Street, city, town, or county) NAME (Type) the ' 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Jan. 12, 1968 Davis Davis W.Va. 24 FUNERAL DIRECTOR Howard County ADDRESS 250 RECD BY REGISTRAR 25b REGISTRAR S SIGNATURE uneral Home of Harry Witzke Ellicott City Md.

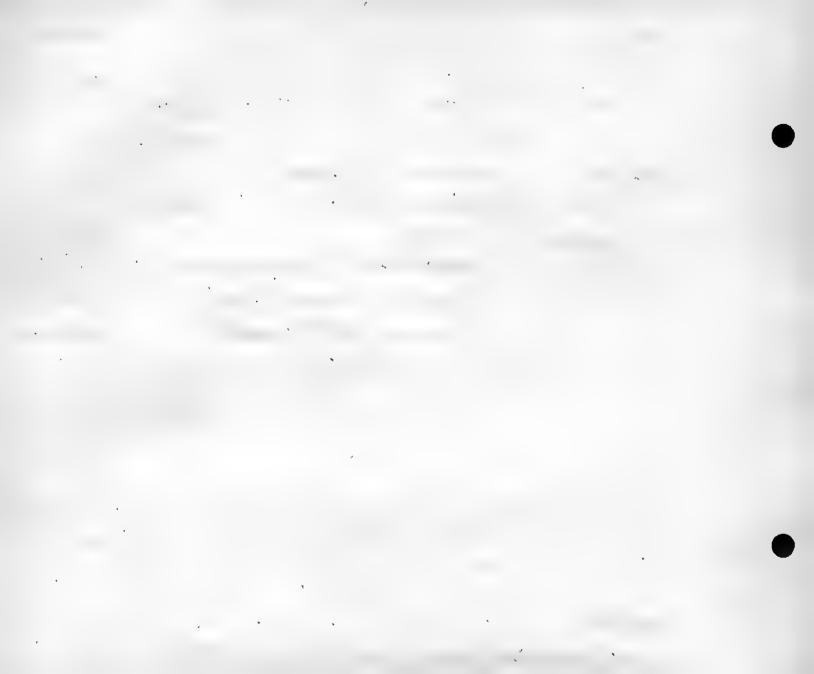
MARYLAND STATE DEPARTMENT OF HEALTH



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and	160	WAS DECEASED EVER IN U.S. ARMI 'es, na, or unknown) {If yes give wo	D FORCES? 166 SOCIAL SECURITY of doles of service)		Address FG	
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retoined by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transfer of the detached be filed with the State Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept.	1	While Not while		ACTORY,) 21f. LOCATION Street or R.		
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AL D		22d. PHYSICIAN'S	a Junior	77 22e. ADDRESS		
FIRA FRA d be		NAME (Type) FREDERT	CK SHUSTER, CPT.	MC Hq. Kin	mbrough AH, Ft Geo G.	Meade. Md.
TO HOSPITAL OR ATTEN Poge 4 moy be retoined TO FUNERAL DIRECTOR: director, page 3 should	23 o	BURIAL, CREMATION, 23b D	ATE 23c. NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
22 2 5		REMOVAL (Specify) Burial 1/		r Memorial Park	Laurel	Maryland
VA JE		FUNERAL DIRECTOR	ADDRE:		REC'D BY REGISTRAR 2Sb REGISTRAR S S	GNATURE
30M REV 1/68	H	erbert E. Nutte	r 3035 W. North A		JAN 29 1968 Pelland	9 0



SO .		- 1	MARTLAND STATE DEPARTMENT OF HEALTH
70	1	-1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
. /	,		OG162 CERTIFICATE OF DEATH 00160
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(de de la	- k	. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years Funder 14 Far Funder 24 Hrs.
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	ph) ava	ŀ	Della Grant Collins
	e E	- 1	18. CAUSE OF DEATH (Enter only one cause per line to: (a), (b) and (c).) APROX MATE INTEVAL. BETWEEN ONSET AND DEATH
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	Se in e	52	causes stated above, (I) (we) (did) (did nat) view the bady after death.
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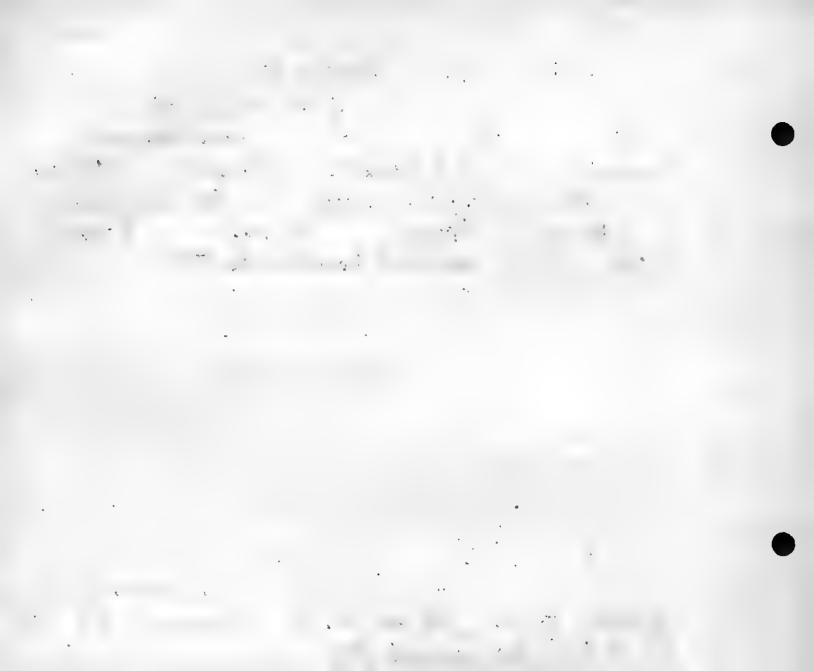
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 19 19 19 19 19 19 1		190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIL	DERED IN CERTIFYING
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24 FUNERAL DIRECTOR LINE IS E. EVANS ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR S SIGNATURE	1	NAME (Type) Kichard H. Hunt into 100 Chirry Lane, hen Bu	ruil, Mid
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. 1) STATE DEPARTMENT		101
,	00164	DIVISION OF VITAL RECORDS, : C	ERTIFICATE OF DEA		00162
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] 3	sex Fcmale	4 RACE Uhite	S DATE OF BIRTH 27 Sept	. 1882 6 AGE (In year	TES IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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,	4. FATHERS NAME First Andrew	Middle Lost J. Harman	15. MOTHER'S MAIDEN	totate	ddle lost '. Shipley
[160. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (If yes give wor	D FORCES? 16b. SOCIAL SECURITY N		Ado ubbs — Hanover,	
		ane cause per line far (a), (b), and (c)) BY: E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	nan brelo		APPOXIMATE INTERVA. BETWEEN ONSET AND DEATH 2 15 2
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L	230 BURIA, CREMATION, 23b DA REMOVALISHERY) Jan 24 FUNERAL DIRECTOR	1. 22,1968 Harman	& Tubbs Fami	ly Cem. Hamove	er. Marwland
5 (4) . 1/68	_,	A CONTRACTOR OF THE PROPERTY O	Burnie, Md oal	ACH BY REGISTRAS 68 256 FREE	



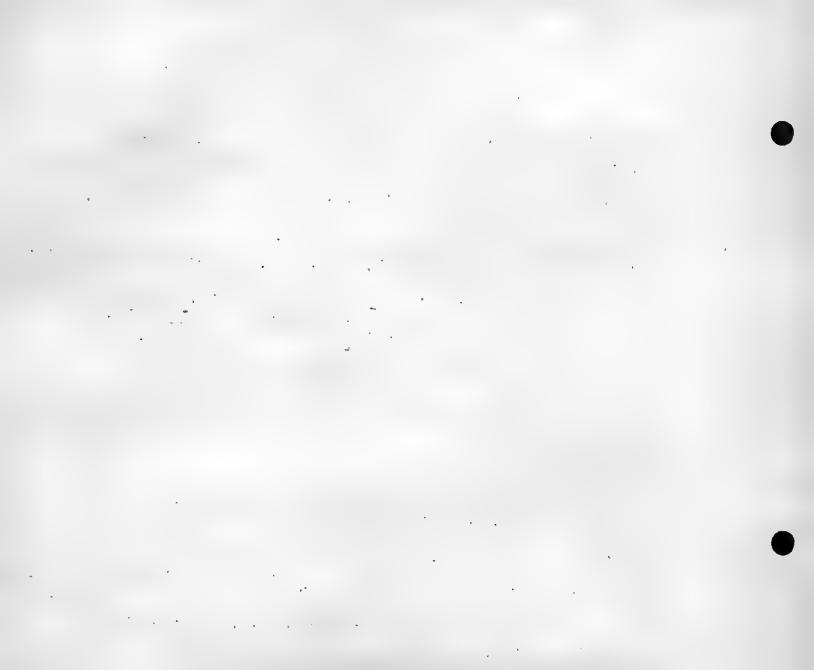
MAKTLAND STATE DEPARTMENT OF REALTM DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00165 00163 CERTIFICATE OF DEATH **DECEASED-NAME** First Middle 2a DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month 2:45 AV LOUIS S DATE OF BIRTH 3 SEX 4 RACE 6. AGE (In years F JINDER 1 YEAR IF JMDER 24 HRS lost bistbelay) MONTHS DAYS HOURS YRS. and in any event, within 72 haurs in by ers. Pc 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH MARRIED [NEVER MARRIED DIVORCED WIDOWED K and campletely filled OLCITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR working life, even if retired) please remove carban 13a. USJAŁ RESIDENCE (Where deceased lived, if institution. Residence before STREET AND NUMBER 13d INSIDE CITY JIMITS? admission) STATE 13b COUNTY YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost INFORMANT Address Yes, no, orunknown) burial, cremation, ar remayal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the burial transit p Conditions, if any, which gave) rise ta immed ate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔣 YES 7 FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2, Item 18.) or contributing cause of DEATH HOUR A.M Manth Day Year P.M 21d. IN. JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Tawn State County While Not while at work 22a. I certify that (1) (thus hespital) attended the deceased fram 12/8, 1962, ta 1724, 17 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. STAFF DEGREE PHYS DIRECTOR PHYS. 22e. ADDRESS NAME (Type) Richard I. Hochman. M. 16 Murray Ave. Annapolis, Maryland 23b DATE BUR AL, CREMATION, 2So. REC'D BY REGISTRAR VR A15 (4) "liarles OFFE B 1968 30M REV



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	3. 5	^X Male	4. RACE Wh	ite	S DATE OF RIS		6 AGE (in years last portbalay)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN
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and campletely f remove carban in any event, with	13a adm	USUAL RESIDENCE (Where deceases STATE Maryland	sed fived, if institution 136. COUNTY	n: Residence before	Baltimore	YES NO	3210 Dudle	y Street	
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TO HO Page TO FUR direct		REMOVAL (Specify)	DATE 25-68	FIRST (CEMETERY OR CREMATORY NITED EVANGE	ELICAL TO	10(ATION (City or Town) PALTO. MD.	(County)	(Stote)
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR	AL HOME,	BALTO, A	to.	DATE AND 2		R'S SIGNATURE	ar.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00167 00165 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20 DATE OF DEATH 2b HOUR **D. FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeroly director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages Land 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in ony event, within 72 haurs after deoth. (Type or print) Hizm Heung 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR 3. SEX last buthday) Oriental Male 1892 requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WIDOWED T DIVORCED [Canton, China U.S.A. _Arundal Ann 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast to be by by life, even if retired.) Lindustry Restaurant Glen Burnie 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN I3d. HISIDE CITY EMITS? 13e STREET AND NUMBER 13b COUNTY A.A Glen Burnie YES X NO [100 Delaware Ave. rvland 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Unk. Unk. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Wash Yes, pa, ar unknown) Wah F. Tov-cousin 610 Eye 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (of Canditions, if any, which gave) rise to immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Mot while at wark at work 22a. I certify that (I) (this hospital) ottended the deceased fram (M. -), 1968, ta (I), 1968, that (I) (we) last saw the deceased olive an 1968, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (ata) (a 22b. SIGNA WH 22c. DATE SIGNED DIRECTOR 22d. PHYSICIAN S 23a. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) Burla.1 Hyattsville, Md. 1-25-1968 George Wash. Memo. Cem. 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 [4] 4 Lee Funeral Home 300 4th St.NE Wash.DC DATE JAN 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00166 DECEASED-NAME Middle 20 DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. death (Type or print) Month Doy 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years IF UNDER 24 HRS. lost birthooy) **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs aft MONTHS ! DAYS HOURS campletely filled in by 70 BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 7b. CITIZEN O 8 MARRIED NEVER MARRIED WIDOWED T DIVORCED NAME OF MOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR IO CITY OR TOWN OF DEATH during most of work no life, even if ret red. INDUSTRY 130 JSJAL RESIDENCE (Where deceased lived, if institut on Residence before CITY OR TOWN odmission) STATE 13b. COUNTY 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First physician 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yas give wer or dates of service) Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per la PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) pe for (o), (b), and (c).) BETWEEN ONSET AND DEATH Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the haspital or attending physician. last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING | CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME FARM, STREET, FACTORY.) 23f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work OR ATTENDING 22a. I certify that (1) (this haspital) attended the deceased fram... ., 19. . ta , and that in (my) (our) opinian death accurred an the date and have and fram the saw the deceased alive an.... Page 4 may be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SLONARIRE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS. PHYS PHYSICIAN'S 22e ADDRESS NAME (Type) 23d LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 1-15-68 Baltimore: Mt_i Auburn Mary land ADDRESS 2Sb REGISTRAR'S 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68 1968 DATE JAN



		DIVISION	OF VITAL RECOR	DS, 301 W. PREST	ON STREET, BALTII	MORE, MARYI	AND 21201		
FOR STATE		00169	MEDICAL	EXAMINER'S	CERTIFICATE (OF DEATH		0(167
HEALTH DEPT.)		ECEASED NAME First		Middle	lost		20 DATE KNOWN	Month Dov	Yeor 2b HOUR
of 3e	((ype or Print) WILLE		MAE	JONES	5	OF ESTI DEATH MATED [X]	1-4-	
3 y 3 y 4	3 5		S DATE OF BIRTH	6 AGE (n year		IF UNDER 24 HRS	2c DATE PRONOUNCED	100	1908 M 2d HQAR
dell 33				iast birthday)	MONTHS DAYS	HOURS MIN.		_	Venr
And 3 to PM3. Page		emale Negro	1 Oct. 23 b citizen of What (i	1931 36 Y	MARRIED X NEVER MARK	0.00	INTY OF DEATH	4,	1968 7:40m
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hin 24 nc'l in niner's poges hours	140	Willie Was Deceased ever in u.s. armed e	Vest	SOCIAL SECURITY NO	17 INFORMANT	Aza	lee Wider		
within pencil xamine ile pogo 72 hou			rar or dates of service)	SOCIAL SECURITY NO					
d be executed within 24 d'pending" in pencil in Chief Medical Examiner's tronsit permit File pages y event within 72 hours					Jessie Jo	nes Sam	e as item	13	APPROXIMATE INTERVAL
be executed "pending" in nief Medical E nisit permit F event within		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	DV						BETWEEN ONSET AND DEATH
xecute nding: Medical permit it withi		IMMEDIA	TE CAUSE (0)Hy	<u>pertensive</u>	<u>cardiovascu</u>	ular dis	ease		
ex F M if p		4120	DUE TO, OR AS A	CONSEQUENCE OF					
l be J' 'p Chie rons		Conditions, if any, which gave) use to immediate cause (a),	(b)						
should e word o the Ch ourial-tro		storing the under ying cause	DUF TO, OR AS A	CONSEQUENCE OF					
should be one word "perion the Chief burial-tronsit I in ony ever		lost ,	(c)				<u> </u>		
This certificate should frote, wr ting the word be forworded to the Cl de used os o burial-fror remayol, and in ony		PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TERMINAL DIS	EASE OR CONDITIO	N GIVEN IN PART 1(0)		
certif orwori used (mavol	NO L	190 DATE OF OPERATION	196	CONDITION FOR WHICH C	PERATION				20. AUTOPSY?
s re for y	A)E			WAS PERFORMED?					YES 🔀 NO 🗀
F Pe Pe L	CERTIFICAT	210 EXTERNAL CAUSE WAS	21b TIME OF INJUI	RY Month, Doy, Year	21c HOW INJURY OCCU	JRRED (Enter notus	re of in ary in Port 1 or	Port 2, Item 18	
	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	19		,	,		,
KAMINER: te the certifit je 4 should your files. age 3 should cremation, o	MED	2 d NJURY OCCURRED 21e. P	ACE OF INJURY (At ho lory, office building, etc		21f LOCATION Street or	RFD No	City or Town	(0	unty State
EXAM ute th oge 4 your Page , crem		WHILE NOT WHILE TOE	lory, office building, etc	:.)			•		
13 5 9/ TIE		22a. I certify that I to	ak charge of the re	mains described abo	us hold on Auton	ru [37] loc	pection , lng	uiry ,	
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TO DEPUTY SICAL B necessary, please exect the funerol director. Po 5 may be retorned for TO FUNERAL DIRECTOR: Health print to buriol,		EXAMINER'S Charles NAME (Type)	s a. aprin	gate, M.D.		ESS(Street, city, to		Tannary	4, 1200
5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5	230	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CEMETE	RY OR CREMATORY	23d	LOCATION (City or Town	n) (Cou	nty) (Stote)
(AK)		REMOVAL (Specify) Burial 1/	8/68	Mt. Zion	Cemeterv		Bacontow	n. Prir	ice Geo. Md
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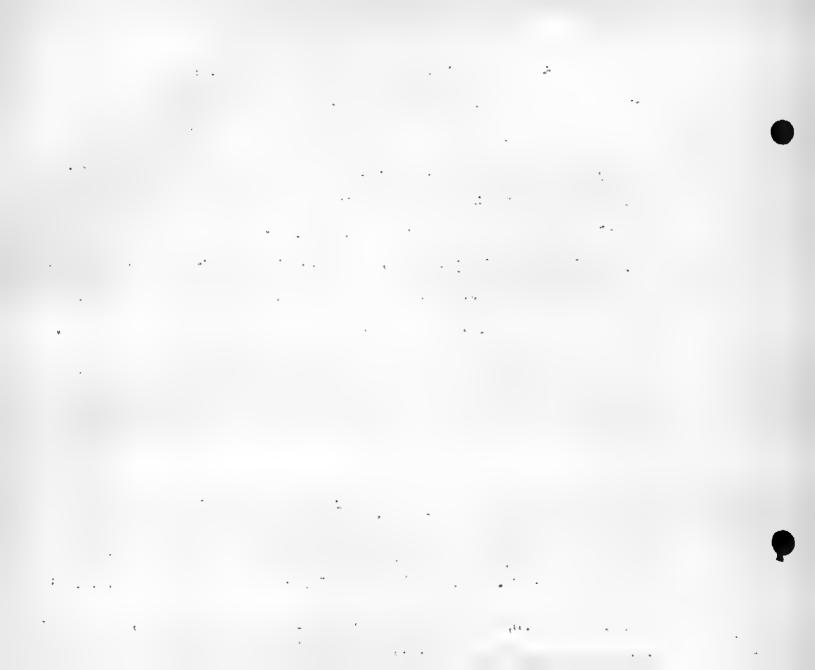
1	£.	MARYLAND STATE DEPARTMENT OF HEALTH	
		001 30 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	168
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DERT		DECEASED NAME First Middle Lost 20 DATE KNOWN Month DI OF ESTI-	ογ Yeor 2b HOUR
21 50 00 15		XXXXXX KAHN DEATH MATED 7 20	6 1968 M
4 E U	3 5	lost buthday MONTHS DAYS HOURS MIN. Manak	Year Year
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The College College		BIRTHPLACE (Stote or foreign 176 CITIZEN OF WHAT COUNTRY? 18 MARRIED JAEVER MARRIED 9 COUNTY OF DEATH	
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24 hours ofter death. in Item 18. Give Pages r's Office along with for es land 2 with the Stote irs after death.	10 +		25. KIND OF BUSINESS OR
offer death 8. Give Pag along with with the Sic eath.		HAMMUNI DOM TOO BOXDON NO.	OMU Hows
s ofter 18. Gri along 2 with deoth		USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN	
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24 hours in Item 1 r's Office es 1 and 2 rs after d	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
24 r's (r's (r's (r's (r's (r's (r's (r's (-	JAMES HOPP (UNKNOWN)	
thin 24 incul in miner's pages havrs		WAS DECEASED EVER IN S ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS	
with per xam xam Xam 72			me as #1,3
should be executed in word "pending" in the Chief Medical E. urial-transit permit. Fin any event within		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ing, ing, ing, adice		PART I. DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease	
end Mend it p	1	H/d/ DUE TO, OR AS A CONSEQUENCE OF	
be be hield		Conditions, if any, which gave a rose to immediate cause (a). (b)	
vold vord vord ve C al-tr	1	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be executed with a word "pending" in period to the Chief Medical Example burial-transit permit. File in any event within 72		(c)	
ote of the		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ating of as	8		
wir Drwy Use	S	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
MINER: This certificate should be executed within 24 hours offer death the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forworded to the Chief Medical Examiner's Office along with form or files. In 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Designation, or removal, and in any event within 72 hours after death.	CERTIFICATION	21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c, HGW INJURY OCCURRED (Enter nature of injury to Port 1 or Port 2 Item	
Table Park	D W	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	1 18)
XAMINER: te the certi ge 4 should your files. tage 3 shoul	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	for the second
the the 4 s ur f ur f emc		WHILE ON TWHILE factory, affice building, etc.)	County State
bical EXAMINER: se execute the cert ector. Poge 4 should inded for your files. RECTOR: Page 3 should buriol, cremation,		AT WORK AT WORK	
TO DEPUTY SICAL EXPENDED TO BE EXECUTED THE funeral director. Pog 5 may be retained for y TO FUNERAL DIRECTOR: PHeolth prior to buriol,		22a I certify that I took charge of the remains described above, held on PAutopsy XX Inspection , Inquiry ,	and in my apinian
Se of section of the		death resulted from Natural causes 🗶 , Accident 🗌 , Suicide 🔝 , Homicide 🔲 , Undetermined manner	J
pleose I direct retaine or to b		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	augh.
ry, ple eral di be reti al Di		SIGNATURE MD ASSISTANT MEDICAL EXAMINER X	
SSO SSO FUNCTION OF THE STATE O		EXAMINER'S DEPUTY MEDICAL EXAMINER ☐ Januar NAME (Type) ADDRESS(Street, city, town, or county)	ry_27,_1968_
O DEPUTY DICA necessory, please e the funeral director 5 may be retained O FUNERAL DIRECT Health prior to bu	00	COWSTO B WILSON	
7		REMOVAL (Specify)	County) (State)
0		Jan 29, 1968 Meadowridge Memorial Pkl Flkridge, R.F., FUNERAL DIRECTOR 200 RECO BY REGISTRAR 256 REGISTRAR S SIG	
VR ATSME (5)	>	Singleton Funeral Home Slen Burnie, Md. DATE JAN 30 1968	- As
10M REV 1/68)	dridteren Lanerat Walls) aren ontille bin bar ann 90 1960	9-0-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00171 00169 CERTIFICATE OF DEATH ond 2 DECEASED NAME First M.ddle Lost 2o DATE OF DEATH requires that the deoth certificate be executed within 24 hours after death the ottending physicion and completely filled in by the funeral sit permit. Then please remave corban payers Pages I ond (Type or print) 1968 EUGENE PATRICK KERHS Str Januar 6. AGE (in years lost birthdoy) 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTHS Male White 14 Jan 1922 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Anne Arundel DIVORCED | Virginia USA WIDOWED | 10, CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired.) INDUSTRY <u>F</u> Ft Geo G. Meade Kimbrough Army Hospital Serviceman retired U.S. Army 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Anne Arundel NO X YES 528 Bruce Ave Odenton cremation, or removol, and in any 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Last William Kerns Sadie Peters 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, ar unknawn) (If yes give war or dates of service)
TWOV50-Jun63 Pearl M.Kerns, 528 Bruce Ave, Odenton, Md 231-12-7930 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Bleeding es BETWEEN ONSET AND DEATH burial-transit permit. burial, cremation, or re Bleeding esophageal varices 2 weeks DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) (b) Portal hypertension 6 months rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause 1962 Cirrhosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the l TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Bleeding esophageal varices YES T NO [26 DEC 67 be detached for use State Dept of Health 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. 2 d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at wark 220. I certify that (this haspital) attended the deceased from 21. Dec , 19 67, to 8 Jan , 19 68 , that (we) last saw the deceased alive an 8 January 19 68 and that in (any) (our) opinion death occurred an the date and have and from the causes stated above (we) (date (did not) view the bady after death. plnous 22b. SJGNATURE 22c DATE SIGNED ATTENDING PHYS. MED. DIRECTOR BEGREE 8 January 1967 22e ADDRESS NAME (Type) FRAIK CPT .MC KIMBROUGH ARMY HOSP, FT GEO.G. MEADE MD 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Myer. Arlington National Cem Fort Hurial Jan. N. 1968 2Sa REC'D BY VR A15 (4) 30M REV, 1/68 R.V. SINGLETON, Singleton F.H., Glen Burn



				D STATE DEPARTMENT OF H		
No. of Contract of		00172	-	301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARYLAND 21201	00170
# #- # #-		ECEASED-NAME First (ype or print)	Middle	Lost	2o. DATE OF DEATH Month Day	2b. HOUR p
death	_ (Christi	· · · · · · · · · · · · · · · · · ·	KLAKRINGO	Japuary 30	1968 4:24 M
	3 SI	FOM12	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N.
24 hours after the in the hours after 72 hours after	COUL	BIRTHPLACE (Stote or foreign 71 atry)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	Anne Arundel	Md.
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th certificate be exe ding physician and c Then please remore removal, and in any	16o.	WAS DECEASED EVER IN U.S. ARMED es, no, or unknown) (If yes give word	FORCES? or dates of service) 16b. SOCIAL SECURITY II	17. INFORMANT	Address	10 1 1 A
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e law requires th tending physician is been signed by as the burial-tro prior to burial, cre	ATION) : Y	(c) TIONS CONTRIBUTING TO DEATH BUT NO NOTION FOR WHICH OPERATION WAS PE	OT RELATED TO THE TERMINAL DISEASE OR CO	20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
PHYSICIAN: The law re e hospital or ottending his certificate hos been troched for use as the Dept. of Heofth prior to	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	27b TIME OF INJURY HOUR A.M. Month Doy Yeor	·	noture of injury in Port 1 or Port 2, It	tem 18.)
NING PHYSICIAN: by the hospital or ffer this certificate be defoched for u Stote Dept. of Heof	MEDICAL	(If either, notify medical examiner 21d. INJURY OCCURRED 21e. PL While Not while of work	P.M. 19 ACE OF INJURY (AT HOME, FARM, STREET FAC	TORY) 21f LOCATION Street or R.F.D. No.	City or Town	County State
O HOSPITAL OR ATTENDING PHYSICIAN: The law repage 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		220. I certify that (I) (this saw the deceased aliv	haspital) attended the decease te an 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ed from, 19 9 k, and that in (my) (our) opi bady ofter death.	, ta, 19_ nion death occurred on the da	, that (I) (we) last te ond hour ond from the
OR AT DIRECTO		22b. SIGNATURE)	Smith	DEGREE PHYS,	ED. STAFF 22c. C	PATE SIGNED
O HOSPITAL OF Page 4 moy be O FUNERAL DIR director, page 3 should be filed		22d. PHYSICIAN'S NAME (Type)	M. Mith	22e. ADDRESS	1	1 t 7. (-)
TO HOSPI Page 4 n TO FUNER director, should b	L	BURIAL, CREMATION, 23b DA REMOVAL (Specify) 23b DA	TE 23c NAME OF 23c	CEMETERY OR CREMATORY Ref. 250, REC'D B	23d LOCATION (City or Town) P REGISTRAR 25b REGISTRAR S	(County) (Stote)
VR A15 (4) 30M REV. 1/68	7	FUNERAL DIRECTOR	ANICAPOLIC	DATE FE		THE STATE OF THE S



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00171 CERTIFICATE OF DEATH 25. HOUR 6:52 A Middle lost 20 DATE OF DEATH 1. DECEASED-NAME First 1 Month 16 Day 68Year (Type or print) Koenig Ethel M. S. DATE OF BIRTH 3 SEX 4. RACE 6 AGE (in years IF UNDER I YEAR 4-26-95 las Durthday) White Female signed by thm attemuing physician and campletely filled in by fherbuital-transit permit. Then please remave carban papers. Page: burial, crematian, ar removal, and in any event, within 72 hours of The law requires that the death certificate be executed within 24 hours 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland Ann Arundel U.S.A. WIDOWED [DIVORCED [1) NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life even if refired.)

Clerk — Ret Worthdarundel Hospital INDUSTRY Glen Burnie Coppers Co. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence befare | 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIM TS? odmissian) STATE Box 55 Ahn OUNTrundel Pasadena Rt. #4 YES NO 3 15. MOTHER'S MAIDEN NAME First M.ddle 14. FATHER'S NAME Middle Last Tebs
166 SOCIAL SECURITY NO. Christiana King Charles 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) | (If yes give war or dates of service) Paul C. Koenig, same as 13 APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) nse ta immediate cause (a), Page 4 moy be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to l O FUNERAL DIRECTOR: After this certificate has been 9g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? intestinal ofstinction YES 🖂 NO LZ 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 pr Port 2, Item 18.) HOUR A.M. Month Day (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 12-11, 1967, to 1-16, 1968, that (1) (we) lost saw the deceased alive an 1-16-68, 19, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED. DIRECTOR 22d. PHYSICIANS 22 e. ADDRESS NAME (Type) 325 Hospital Drive, Glen Burnie, Tolentino, N. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BUR AL, CREMATION, 23b DATE (County) (State) REMOVAL (Specify) Glen Haven Nemorial Park Glen Burnie, Md. 2Sa. REC'D BY REGISTRAR 2Sb. REG STRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Milianes Judge DATE JAN 17 30M REV. 1/68 Kirkley Funeral Home, Glen Burnie, Md.

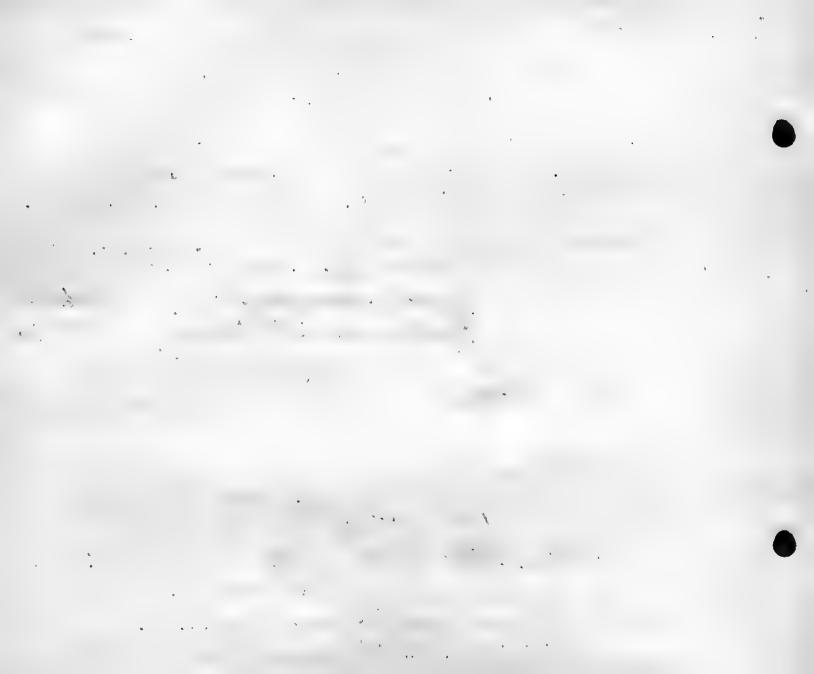


0	1	00174 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	****
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 001'	12
HEALTH DERT.		DECEASED-NAME First Middle Last 2g DATE KNOWN Manth Day	Year 2b HOUR
v of	1	DECEASED-NAME First Middle Lost Cost Of ESTI- DEATH MATED 1 4	1858 7 PM
\$ T \$ 1	3. S	SEX 4. RACE S DATE OF BIRTH 6 AGE (in years if LNDER 1 YEAR IF JNDER 24 HRS. 2c DATE PRONOUNCED DEAD	2d HOUR
		My . W MAR 3-1907 GO YRS. MONTHS DAYS MOURS MAN Month , Day of YE	ear of B Pin
2, 4. pod	70.	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
farm, fe De	caur	BALTU. USA WIDOWED DIVORCED 19. A.CO	Mo
Page Vith f	10.		IND OF BUSINESS OF
wii wii	19	Ven Burnie give street address) ARUNOEL-DO.A during to be hall seven yeared)	BER Hlui
fter d Give ang w th the	130	DISUAL RESIDENCE (Where deceased lived, if institution, Residence befofe) 13c CITY OR TOWN 3d INSIDE CITY LMITS? 13e STREET AND NUMBER	1 21
s af 18. a alc dea dea	-	admission) STATE Md. 136 COUNTY Be, Hanover YES NO What 10 B-Kee	191 / 10
hours after death Try Item 18. Give Pages 1, 2, Office along with farm P land 2 w th the State Depa after death.	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	last
in It in It is on its of its o	15	Julian Rosmack HUNA REDYK	
		WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Sees give was or dates as service) 16b. SOCIAL SECURITY NO. 17. INFORMANT	57/
be executed within "pending" in pencil iief Medical Examine insit permit. File pag event withín 72 hau	,	(res. no. or unknown) (fee gove you or down to gove a 213-10-4516 - Stanley Korsmack Rich	3 Clas
shauld be executed with word "pending" in period the Chief Medical Examunal-transit permit. File in any event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending" i ef Medical isst permit.		PART I DEATH WAS CAUSED BY: arterioreleves and limbellate Cause (a) arterioreleves and limbellate Cause (b)	when
exe endi		DUE TO, OR AS A CONSEQUENCE OF	
be "printer		Canditians, if any, which gave (b)	
world world the Cl		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne word "per ta the Chief I burial-transit I in any even		iost (c)	
This certificate shauld isate, writing the word be farwarded ta the C d be used as a burial-tr ar removal, and in any	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifice ifing arde l os al, o	18	7 -	
wr wr irwd Used	Ĭ	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 ALTOPSY?
This certifications with many be farwarde as I be used as ar removal,	CERTIFICATION		YES NO 🔀
# 7 -	A CE	21b EXTERNAL CAUSE WAS 2 b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M.)
INER: shauld files. 3 shauld	MEDICAL	CAUSE OF DEATH P.M 19	
(AMINER: te the certil te 4 shauld rour files. age 3 shaul	≥	21d INJURY OCCURRED 21e PLACE Of IN.URY (At home, form, street, while NOT WHILE NOT WHILE NOT WHILE (actory, office building, etc.)	nty State
O		AT WORK LI AT WORK LI	
executor. Page of far CTOR: Purial,			and in my opinior
please edirector estained DIRECT		death resulted from: Natural couses Accident , Suicide , Homicide , Undetermined manner	
Ty please y, please er etaine (AL DIRE) priar to l		ACTUAL CHIEF MEDICAL EXAMINER CONTROL OF THE STONES	
JTY NY, F eral be r RAL price		SIGNATURE () ASSISIANI MEDICAL EXAMINER)	4-68
DEPUTY SICAL E seessary, please exect e funeral directar. Pa may be retained for FUNERAL DIRECTOR:	1	EXAMINER'S NAME (Type) E. Linhard DEPUTY MED CAL EXAMINER ADDRESS(Street, city, town, or county) ADDRESS(Street, city, town, or county)	, , ,
o DEPUTY necessary, the funeral 5 may be 1 0 FUNERAL Hegith pri	23-		Chatel 1
F	250	JEMOVA Spend 1/9/68 Hollstoray Cem. Terman Helli	Cd. 7480
(7)	24.	1. TURKEN DIFFCTOR 10 3 C + ADDRESS [250 REC'D BY REGISTRAR 250. REGISTRAR 5 SIGNAT	URE
VR A15ME (5)		JAN 10 1968 Poliarles &	refer.

MAKILAND STATE DEPARTMENT OF HEALTH



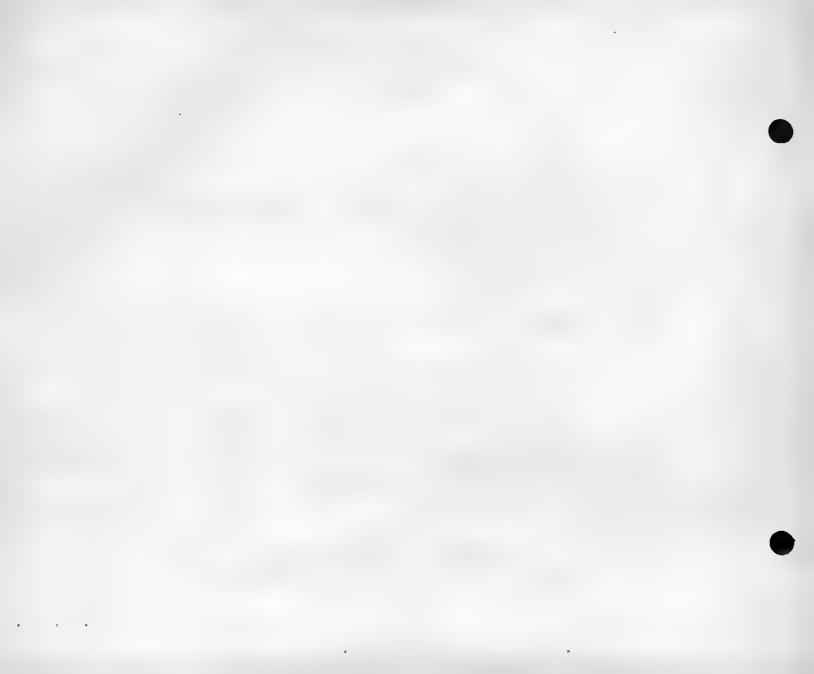
MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00175 00173 CERTIFICATE OF DEATH Last 2b. HOUR Middle 2a DATE OF DEATH DECEASED-NAME 24 hours after death. Month (Type or print) ged Arthur Jan. Lang 4 RACE S. DATE OF BIRTH 3-31-90 6 AGE (In years LE LINDER 1 YEAR 3. SEX last birthday) White MONTHS DAYS HOURS Male 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or fareign 8 MARRIED [] NEVER MARRIED [country) United States WIDOWED TO DIVORCED | Anne Arundel Maryland Md. 12a USUAL OCCUPATION (Kind of work done 10 CITY OR YOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR requires that the death certificate be executed within during most of warking life, even if retired)
Retired Rue Binder
INSIDE CTY JAMIES? 13e. STREET AND NUMBER INDUSTRY North A event, wit Glen Burnie Md. Arundel Hospital 13a, USJAL RESIDENCE (Where deceased lived, if institut an, Residence before 13c CITY OR TOWN 38. INSIDE CITY LIMITS? admission) STATE Mary and Pasadena 1136 COUNTYAnne Arunde YES 🗀 NO 205th St. Greenhaven, burial, cremation, ar remayal, and in any 14 FATHER'S NAME Last IS, MOTHER S MAIDEN NAME First gud Arthur Lang Reisterstown, Md. 21136 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) Mrs. Wm. Boone, 117 Coliston Rd. 212-03-1904 APPROXIMATE INTERNA 1B. CAUSE OF DEATH (Enter only one couse per line bary(o), (b)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditians, if any, which gave] burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause attending physician. signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Viol far use as the t i Health priar ta b has been 206 JF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a, DATE OF OPERATION CAUSES OF DEATH? YES 🗌 ио 🗆 FUNERAL DIRECTOR: After this certificate 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING [CAUSE OF GEATH HOUR A.M. Month Day Year be detached for State Dept. af H (If either, natify medical examiner) PM (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R F.D. No. 21e. PLACE OF INJURY City or Town County State 21d. INJURY OCCURRED While Nat while at work 12-12-1967, ta 22a. I certify that (I) (this hospital) attended the deceased from..... __1962, and that in (my) (aur) opinion death accurred an the date and haur and from the director, page 3 should should be filed with the Page 4 may be retained causes stated abave, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) North Arundel Hosp 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a BURIAL, CREMATION 23b. DATE BREMOVAL (Specify) 1/9/68 Loudon Park Demetery Balto. Md. 9 Witzle F. D.,4101 Edmondson Av. Balto., Nd. 21229 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Edmondson Ave. 1Charles 1968 DATEAN



/				D STATE DEPARTMENT OF				
				ERTIFICATE OF DEATH	PRESTON STREET, BALTIMORE, MARYLAND 21201 CATE OF DEATH 001'75			
~~~	1 D	CEASED NAME First		Lost	2g. DATE OF DEATH	2b. Hour		
E A SE TO		ype or print) Rebe	ecca	LEVY	January Month 1	Doy Year 1:03pm		
E 1 2	3. SE		4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.		
sage saft		female	caus.	Feb. 23,	1894 last highday)	MONTHS DAYS HOURS MIN		
24 hours	7o. I	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH			
13. 15.	caur	ithuania	USA	WIDOWED TO DIVORCED	Anne Arundel	Md.		
equires that the death certificate be executed within 24 hours afti physician. signed by the attending physician and completely filed-m ² by the burial-transit pomers. Then please remove carban papers, pages burial, crematian, or removal, and in any event, within 72 hours afti	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street oddress)	TITUTION (If not in hospital 12a. USU	AL OCCUPATION (Kind of work do tost of working life, even if retired	12b KIND OF BUSINESS OR		
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can can		Maryla  ATHER S NAME First	nd Anne Anndel	Annapolis   TEXT	ZOC NOSO 1			
and rem	14 1				rirst middle	Last		
ian ase ind i	160	Bernar WAS DECEASED EVER IN U.S. AR/		unknown  17 INFORMANT	Address	Annapolis,Md.		
ifica nysic ple al, c	Y	es, na, ar unknown) (If yes give v	ver or dates al service) 214-34-1	10. 17 INFORMANT 1991 Mrs. Sadie Sny	der - 101 S. Che	erry Grove Av.e		
cert G pl Ther may		IR CAUSE OF DEATH (Enter on				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
ath it it it is		PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a) COPCONAX	24 THROM BOS	1.5	5 MAYS		
affer and		17 /	DUE TO, OR AS A CONSEQUENCE OF	,				
t the		Conditions, if only, which gave inse to immediate cause (o),	1 11/18 A 18	dreate Min	a.T DIST. 1150	E 5 11.1125		
tha an. by tran		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			*		
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ATENDING PHYSICIAN: The law requires that the death certificate be executed within stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filleshauld be detached far use as the burial-transit permit. Then please remave carban by the State Dept. at Health priar to burial, cremation, or remaval, and in any event, within	'		NOITIONS CONTRIBUTING TO DEATH BUT NO		CONDITION GIVEN IN PART 1(a)			
ding ding beell the ar to	NO.	DIA BE	CONDITION FOR WHICH OPERATION WAS PER		2014 IE VES WERE FINDING	S CONSIDERED IN CERTIFYING		
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the hard	GR.	21a. ACCIDENT WAS UNDERLYIN	NG 216 TIME OF INJURY		er nature of injury in Part 1 ar Part	2, (tem 18.)		
CLAN ital iffice if He	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Year iner) P.M. 19					
YSI nasp cert cert ched pt. a	₩ WED	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREET, FAC		o. City ar Town	County State		
this this De		at wark						
by t ffer ffer be o		22o. I certify that (I) (th	ais haspital) attended the decease alive onl e, (I) (we) (did) (d <del>id not)</del> view the	ed from ~/ 19.0	00, ta / JAN,	19 <u>68</u> , that (I) (we) last		
R: A		saw the deceased o	e. (I) (we) (did) (did not) view the	%25%, and that in (my) ( <del>our)</del> ap body after death.	unian death accutred an the	date and haur ond from the		
etaije Afrika Afrika		22b SIGNATURES				22c DATE SIGNED		
OR De r		Codelly	Black Alexander		MED. DIRECTOR PHYS .	1468		
TAI Nay	1	22d. PHYSICIAN'S NAME (Type)	ward S. Beck, MD	22e. ADDRESS	in St., Annapoli	ie Md		
Page 4 may be retained by the haspital ar attending <b>P E UNEXAL BIRECTOR:</b> After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior to								
H G G G G G G G G G G G G G G G G G G G	230.			th Israel Cem.	23d. LOCATION (City or Town) Annapolis	(County) (State)		
5 5 JM	24-			2So. REC'D.	BY REGISTRAR L 25b. REGISTRA			
VR A13 (4) 30M REV (1/68	L	EVER TEYPE. Hop		DATE JAI	BY REGISTRAR 1968 25b. Record	ares July		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00174 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ved, if institution Residence before admission) a COUNTY b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 posside corporate limits, write RJRAL and give nearest town 23 Word The low requires that the death certificate be executed within 24 hours d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS )dpd nine_ Ē NAME OF ond in any event, with Middle DATE remove corbon Last Dov Year DECEASED (Type or print) OF DEATH LONG IF UNDER 1 YEAR 6 COLOR OF RACE JNDER 24 HRS 7 MARRIED **NEVER MARRIED** DAME OF BIRTH lost buthday) Months Davs Hours WIDOWED DIVORCED learber and 10g USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) attending physician sermit. Then pleose COUNTRY 3 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremation, or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) 215-10-1235 IB. CAUSE OF DEATH (Enter only one cause per 'pe for (a), (b), and (c) ) INTERVAL BETWEEN signed by the burnal-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH remema IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse prior to last. SO 19 WAS AUTOPSY PERFORMED? hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO DE this certificate 0 20a ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of defoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, farm 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) WED Hour a m. Nat While factory, street, affice bldg., etc.) **DIRECTOR:** After at wark 21. I certify that (I) (this hospital) attended the deceased from 19 65, and that death occurred at 2:15 PM, from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 225 DATE SIGNED MED DIRECTOR **ATTENDING** 22c PHYSICIAN S 22d ADDRESS O FUNERAL NAME (Type) 108 Mountain director, should b 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Glen Haven Cemeterv Burial Glen Burnie /18/68 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Glen Burnie, Md. Raymond C. Fink



MARYLAND STATE DEPARTMENT OF HEALTH



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		00179	Division of the		IFICATE OF		,	, 00	777
ending physician and campletely filled in by the futeral mit. Then please remove carbon papers. Pages 1 and 2 ar removal, and in any event, within 72 haurs after death.		CEASED-NAME First A1	exander	Middle	Lysia		DATE OF DEATH Month	^D 26 Y	2b. HOUR 68 <b>3:1</b> 5
s. Pages I haurs after	3. SE	Male		ite		XXX 3/17/		years F UNDER I ray) MONTHS	TYEAR IF UNDER 24 HRS DAYS HOURS MIN
/2 nav	(OUT	SIRTHPLACE (State or foreign	76. CITIZEN OF WHAT CO	A wide		RCED A	UNTY OF DEATH THE Arund		М
,	C	TOWN OF DEATH	PPW15PW2	FHOSPITAL OR INSTITUTION	ite Hosp.	during mo Red	UPATION (Kind of wo	retired ) INDUS	CIND OF BUSINESS OR
2.	13o. admi	usual RESIDENCE (Where deceases ssion) Mary land	ed lived, if institution: F 13b. COUNTY —	esidence before 13c. C Bal	timore	YES NO NO	342 S. O	lldham St	treet
t	14 [	ATHER S NAME First	Middle nknown	Last		Unknown		Middle	Last
	16a. Y	WAS DECEASED EVER IN U.S. ARA es, no, ox unknown) (If yes give w		SOCIAL SECURITY NO. 3-07 <b>-9</b> 290	Hospita	1 Record	s, Crowns		
		1B. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly one cause per line for	(o), (b), ond (c)) teriosclero	tic heart	disease.	•	36	APPROXIMATE INTERVAL ETWEEN ONSET AND GEATH
		Conditions, if any, which gave )	DUE TO, OR AS A						
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nearin prior to builds, definations		PART 2 OTHER SIGNIFICANT CON  Dehvdration	DITIONS CONTRIBUTING			L DISEASE OR CONDIT	ION GIVEN IN PART 1(	0)	
χ	CERTIFICAT ON	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PERFORM	D 20a, AUTO		206 IF YES, WERE F CAUSES OF DEATH?	INDINGS CONSIDERE	D IN CERTIFYING
1	MEDICAL CFRI	2) a. ACCIDENT WAS UNDERLYING CAUSE OF DEA' [If either, notify medical exami	HOUR A.M. Me	onth Doy Year	21c HOW INJURY OCC		re of injury in Part 1 a	or Part 2, Item 18.)	-
		21d INJURY OCCURRED 21e. While Nat while at work of wark	PLACE OF INJURY (AT H	DME FARM, STREET, FACTORY, ). E BUILDING, ETC.	21f. LOCATION Street	et or R F.D. No.	City or Town	County	y State
		22a. I <b>certify</b> that (I) (th	s haspital) attende	d the deceased fro	m12/2[ _, and that in (m	], 19 <u>_66</u> ıy) (aur) apinian	, ta_1/25 death accurred a	n the date and	, that (I) (we) la haur and fram th
		causes stated abave	()) (we) (did) (did	pot)view the bady	ATTENDI	NG MED	OR STAFF DHYS	22c. DATE SIGN	
		22d. PHYSICIAN'S NAME (Type)	freeces	<u> </u>	DEGREE PHYS.	DIRECTO	State Ho	1/26	
'n	230.	BUR AL, CREMATION, 23b.		23c NAME OF CEMETE	RY OR CREMATORY	23d	LOCATION (City or To	own) (Count	
1 P		FUNERAL DIRECTOR Ullrich Funera	31.68 1 Home Dum	ADDRESS	eart Ceme	25a. REC'D BY REG	Dundalk, 2 1968	EGISTRAR'S SIGNATU	REC'udist.
00"						DATE		g .	W



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	5 2 5	3. 5		4. RACE		S DATE OF BIRT		6 AGE (in y	eors IF		IF UNDER 24 HRS.
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	haurs rs. Poor hours	70	BIRTHPLACE (State or foreign	76. CITIZEN OF	WHAT COUNTRY?	B. MARRIED NEVER MARRI	P. COU	NTY OF DEATH			
	in 24 ho filled in popers. hin 72 h	X	MSH. D.C.	US		WIDOWED DIVORCE	ED A	nne Arunde			Md.
	filled poperithin 73	10.	CITY OR TOWN OF DEATH	91	NAME OF HOSPITAL OR INS	STITUTION (If not in hespital	during most of v	IPAT ON (Kind of wor vorkula wa even ite	rk done	126. KIND OF B	USINESS OR
	wit rbar wi	1	NNAPOLIS		44. JEN	. 170511.	HUID	1012CH1	9116	HUIC	1 EFFAIR
	ecuted with completely love carbar y event, wi		USUAL RESIDENCE (Where de ission) STATE	lab. COUNT			AEP NO A	LONG (		O RD	
	PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e hospital ar ottending physician. This certificate has been signed by the ottending physician and completely filled in by the fineral stacked for use as the burial-transit permit. Then please remove carban papers. Pages, and Dept. af Health prior to burial, cremotian, or removal, and in ony event, within 72 hours after death	34.	FATHER'S NAME First	Middle	lost MAP	15 MOTHERS MALE	DEN NAME First	N	M-adle	COM	Last
	tian tian eose and	160	. WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURITY I	10. 17 INFORMANT		Ac	ddress	<u></u>	01
	e death certificote b ottending physician permit. Then please an, or removal, and		(es, no, ar unknown) (If yes	give war or dates of service)	<u> </u>	LILLI	BNL	MARKS	#	13	
	e lugar		1B. CAUSE OF DEATH (Enter PART 1. DEATH WAS CA	r anly ane cause pe	r line far (a), (b), and (c).		1	*		RETWEEN ON	ATE INTERVAL SET AND DEATH
	end mit.		/ 2 / SIM	IEDIATE CAUSE (a) _	acute	Left Broi	vchopn	cumonis	C	10	LAY
	off off per jan,	Н	4017		OR AS A CONSEQUENCE OF	10	, , ,	, ,		-	/,
	the the sit p		Conditions, if any, which grise to immediate couse			peral fates	etal H	emater	26	3 LV	eeks
	tron crer		stating the underlying ca	DUE TO, C	IR AS A CONSEQUENCE OF	/					
	equires the physician. signed by purial-trar burial-trar		lost.	) (c)_							
	r required by the sign of the pure to bur		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL I	DISEASE OR CONDITI	ON GIVEN IN PART 1(a	i)		
20	N: The law re ar ottending ste has been r use as the salth prior to	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED 20a. AUTOPS	SY?	206. IF YES, WERE FI	NDINGS CON	SIDERED IN CEI	RTIFYING
	The otte has se a	層				YES 🗗	NO 🗆	CAUSES OF DEATH?	Yes		
	ar ar use eath		210 ACCIDENT WAS UNDER		OF INJURY	21c. HOW INJURY OCCUI	RRED (Enter nature	of injury in Port 1 or	r Port 2, Ites	m 18.}	
	Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital Pital	MEDICAL	OR CONTRIBUTING (AUSE O	ominer) HOUR A.	M. 19					_	
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I be retained by the hospital ar ottending physician.  DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in a 3 should be detached for use as the burial-transit permit. Then please remove carban poperlied with the State Dept. at Health prior to burial, cremotian, or removal, and in ony event, within 72.	E	21d. INJURY OCCURRED While Nat while at wark	21e PLACE OF INJUR	( AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street	ar R.F.D. No.	City or Town		County	Stote
	DING d by the After d be d e Stote	П	22a. I certify that (I)	(this hospital)	attended the deceose	ed fram JAN . 19 968 , and that in (my)	4, 1968.	10 JAN. 1	7,190	a, that	(I) (see) last
	OR ATTENDIN be retained by IIRECTOR: Afte e 3 should be ed with the Sto	L	saw the decease	d alive on VA	d) (did not) view the	9&Z_, and that in (my) body after deoth.	) (our) opinion (	death occurred on	the dote	ond hour a	nd from the
	ATI SCS 등 등 한 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등		22b. SIGNATURE	0 /	20.	)	/1000		22c DA	TE SIGNED.	
	9 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	П	Sul	vea 1	D. Dun	DEGREE PHYS	MED DIRECTOR	STAFF	] //.	7/68	
	O HOSPITAL OR ATTENI Poge 4 moy be retained O FUNERAL DIRECTOR: A director, poge 3 should Should be filed with the		22d. PHYSICIAN S NAME (Type)	Sylvia	M. Lin	22e. ADDRE	Box 2	44 Edg	ewal	ter, 1	4d.
	UNE 44 A Surface of the 44	230	B. RIAL, CREMATION,	3b. DATE	23C NAME OF	CEMETERY OR CREMATORY		LOCATION (City of To-	wn)	(County)	(State)
	5 5 5 5 T	L	DENGVAD (Spenty)	1/20/6	8 CEDAI	R BLUFFL:	EM. /	TUNAR	145	MI	)
	VR A (5.4)	24.	FUNERAL DIRECTOR		ABORESS	1000 0 11 102	AN 2	STRAR 2Sb REG	GISTRAR'S SH	GNATURE	delica.
	30M REV: 1/68	L	0HN N. 1	IVLOK:	SOW HUN	APOLIS MUL	DATE AN 2	1000	>		



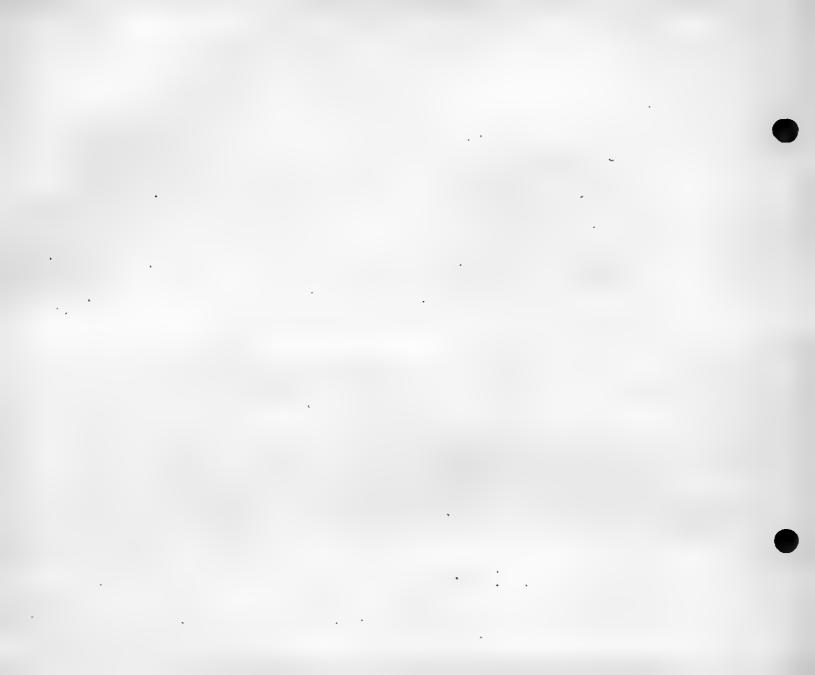
_		DIV	ISION OF VITAL RECORDS, :	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	0.0.4.4463
/n n		00181	C	ERTIFICATE OF DEATI	H	00179
(4XI)		CEASED NAME First	Middle	last	2g. DATE OF DEATH	2b. HOUR
funers of a department of the property of the	(	ype or print) Heak	ar Shoulds 7	MARTIN	Month Do	Y 8018 8p M
	3 5	× 1/1/2/2 4	RACE Megro	S. DATE OF BIRTH	6 AGE (In years last burthday)	FUNDER 1 YEAR 1F JNDER 24 MRS. MONTHS DAYS HOURS MIN
haurs in by t ers Po 2 hours	7a cou	try) co		8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	110-
filled III poper thin 72	10 1	Tharyland ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST	WIDOWED OLVORCED 120 U	ISUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
withir bon bon with		Ylen Burnie	give street address)	sor Musa. no flow during	most of working life, even if relired.)	INDUSTRY
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the hospital or attending physician. The certificate has been signed by the attending physician and completely filled in by the stacked for use as the burial-transit permit. Then please remove carbon papers Pages 1 Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after	13a adm	USUAL RESIDENCE (Where deceased livesion) STATE	3b COUNTY	Sandy Paint MYES	NO R. F. AND MUMBER	BOX 128
ond cond cond cond cond cond cond cond c	14	ALMER'S NAME First	M.ddlg Lost	TS MOTHER'S MAIDEN NAM	E First P A Middle	Lost
t the deoth certificate be ex the attending physicion ond sit permit. Then please rem nation, or removol, ond in on	160. Y	WAS DECEASED EVER IN U.S. ARMED FI	ORCES? 16b. SOCIAL SECURITY N	O IT INFORMANT	Address DEATH	& Sander
certif g phy Then movo	H	18. CAUSE OF DEATH (Enter only one	e cause per line for (a), (b), and (c).)	844 Smirrey	Jahnson Krokt	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
leoth endin mit. or re		PART I DEATH WAS CAUSED BY: IMMEDIATE CA	AUSE (0) <u>Coronas</u>	y Occlusion		2hrs.
the chine att pentity pentity pentity pentity attion,	L	Conditions, if ony, which gave)	DUE TO, OR AS A CONSEQUENCE OF	sivelandia)	Vaccular Disen	( Ybeknown)
equires that the physician. signed by the burial-transiti		storing the bilderijing course	DUE TO, OR AS A CONSEQUENCE OF	Son i for		71-6
quires the physician. signed by burial-troi		PART 2. OTHER SIGNIFICANT CONDITION	(c)	T RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(0)	unkrown.
	l z	* * * * * * * * * * * * * * * * * * * *				
OR ATTENDING PHYSICIAN: The law rebe retained by the hospital or ottending DIRECTOR: After this certificate has been go 3 should be detached for use as the led with the State Dept. of Health prior to	CERTIFICATION	190. DATE OF OPERATION 196 COND	ITION FOR WHICH OPERATION WAS PER	FORMED 20a, AUTOPSY? YES NO	206 IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
AN: 1 of or icate for us Healt		210. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY HOUR A.M. Month Day Yeor		inter nature of injury in Part 1 or Port 2,	Item 18.)
G PHYSICI the hospit this certif detoched ie Dept. of	MEDICAL	(If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE	P.M. 19 E OF INJURY (AT HOME, FARM, STREET FACT	DRY.) 21f, LOCATION Street or R.F.D.	No. City ar Town	Caunty State
DING PHYS by the hosp (frer this cer be detecthe Stote Dept.		While Not while of wark of wark				
OR ATTENDING PHYSICIAL De retoined by the hospital SIRECTOR: After this certifica e 3 should be defoched foil ed with the Stote Dept. of He		saw the deceased alive	ospital) attended the decease an 19 (we) (did) (did not) view the b	(our) (aur)	9 <i>62</i> , ta <u>1 - 24</u> , 19 opinion death occurred on the d	ote and hour and from the
moy be retoined may be retoined wat DIRECTOR: A page 3 should be filed with the		22b. SIGNATURE	(we) (aid) (aid not) view the b	Ody diret dediti.	APET)STAFE 22c	DATE SIGNED
	L	22d. PHYSICIAN'S	Notrent 11	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	
O HOSPITAL Page 4 moy D FUNERAL director, pag should be fi		NAME (Type) Richa	Vd HIHUNT	100°C	henry Lave He	al Grandel Mill
ro Hospital Page 4 may To FuneRAL director, pag should be fil	230	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) - 2	9-1968 230 NAME OF C	EMETERY OR PREMATORY	23d (SOCATION (City of Town)	(Sounty) - Strate
VR A15 (4)		FUNERAL DIRECTOR	ADDRESS ADDRESS	7 1) ( 250. REC	D BY REGISTRAR 256/ REGISTRAR	SSIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



CDO CROTE		00182 DIVISIO			ON STREET, BALTIMORE,		00180
FOR STATE	1.7	ECEASED NAME Firs		Middle	CERTIFICATE OF DI		
HEALTH DOTAL		Type or Print)		77	MAY	20. DATE KNOWN NOT BE STI- DEATH MATED	tanth Day Year 2b HOUR
3 to Poge	3 9		S DATE OF BIR				
de de de		MW	7-23-	(C) last birthday		MeN Month / Do	
Deport		BIRTHPLACE (State or foreign	76. CITIZEN OF WH		MARRIED NEVER MARR ED	9 COUNTY OF DEATH	77 17 10
N 0 -0	習	altimore co. md.	4.5.1	71	DOWED DIVORCED	A.A. CO.	Md
e Poges with four	10	TIT OR TOWN OF DEATH		AME OF HOSPITAL OR INSTITUTE street oddress)	1	ISUAL OCCUPATION (Kind of work	
70 4 2 3 1		lew BURINIE	P	O A-NORTH.	MADONOEL	g most of working life, even if reti	red ) INDUSTRE
hours after 18. Give Office along and 2 with the after death		USUAL RESIDENCE (Where deceded decided) STATE	sed lived, it institution 13b COUNTY ,			THE THE THE PARTY IN	6 3
hours afte Item 18. Gi Office olon Iond 2 with	-	770		1-18	nBurnie YES		mence Rel
hour Item Office Pond?	14.	ATHER S NAME First	Middle		IS. MOTHER'S MAIDEN NAME	First	Last
hin 24 not in niner's poges hours	160	WAS DECEASED EVER IN U.S ARMED		166 SOCIAL SECURITY NO 0	17. INFORMANT		MY NOW NU)
			war or dates of service)	217-01-4930A.	,	Bot 5 SADDRESS.	50.2
d with per Exor	-	18. CAUSE OF DEATH (Enter of	ly one rouse per li		TRHALIA L.III	1 100n C	APPROXIMATE INTERVAL
executed inding" in Medical E. I permit. F		DADT I DEATH WAS CAUSE	TO DV	releviose for	vali Com	.6.0	BETWEEN ONSEY AND DEATH
XPS G to		7409		AS A CONSEQUENCE OF	7	8	Cienle.
be per prief prief eve		Canditians, if any, which gave	(b)				
vould word the Ch rial tra		rise to immediate cause (o), stoting the underlying couse		AS A CONSEQUENCE OF			
F > = E -		last	(c)				
s certificate she writing the forwarded to used as a bu smootl, and ir		.1	JIONS CONTRIBUTI	ING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
is certificate to writing the forwarded to e used as a lemoval, and	NOI	19g DATE OF OPERATION		196 CONDITION FOR WHICH C	DED ATIVAL		20 AJTOPSY?
o To Si E	CERTIFICATION	17G DATE OF OPERATION		WAS PERFORMED?	PERATUR		YES NO PR
-C G O	CERTI	21a EXTERNAL CAUSE WAS	216 TIME OF	INJURY Manth, Day, Year	21c HOW INJURY OCCURRED (E	oter nature of injury in Part 1 or Po	
	MEDICAL	PRIMARY OR CONTRIBUTING	HOUR AL	M.	,	, , , , , , , , , , , , , , , , , , , ,	,
CAMINER: te the cert te 4 should four files. age 3 shou	MED	21d JNJURY OCCURRED 21e	PLACE OF INJURY (/	At home, farm, street,	21f LOCATION Street or R.F.D. No	City or Town	County State
		AT WORK AT WORK	ctory, office buildin	g, etc.)			
- 9 - 2 & B					ve, held on Autopsy		ry ond in my opinion
olease ex director.  Olivertor.  DIRECTO		death resulted from	-Notura cous	ses 🗂, Accident 🔲,	Suicide, Homicid	de 🔲, Undetermined mo	nner 🔲
please directions and to be		ACTUAL 6	7 1		CHIEF MEDICAL		
ry, pleeral dr. be retrainer priar		SIGNATURE - Jan	half	- 4		THE EXPLINATION L.	DATE SIGNED /-15-68
O DEPUTY  netessory, please the funeral director  may be retained  FUNERAL DIREC  Heolth priar to b		EXAMINER'S NAME (Type)	Lukan	de		AL EXAMINER	A. A. CO
necesso the fun 5 may 70 FUNE Heolth	23 c	BUR AL, CREMATION, 23b	DATE ,	23c NAME OF CEMETE		23d LOCAT ON (City or Town)	(County) (State)
	B	REMOVAL (Specify)	118/65	OAK LA	WN Constery	BALTINGRE	nd.
14h 125 (5)	24	FUNERAL DIRECTOR	ut PU	time ADDRESS			RAR S SIGNATURE
VR A15ME (5) 10M REV 1768	2	ingleton Fun	eral H	me Clanker	vie met DATE J	AN 17 1968 🔑	limbas Jusque.

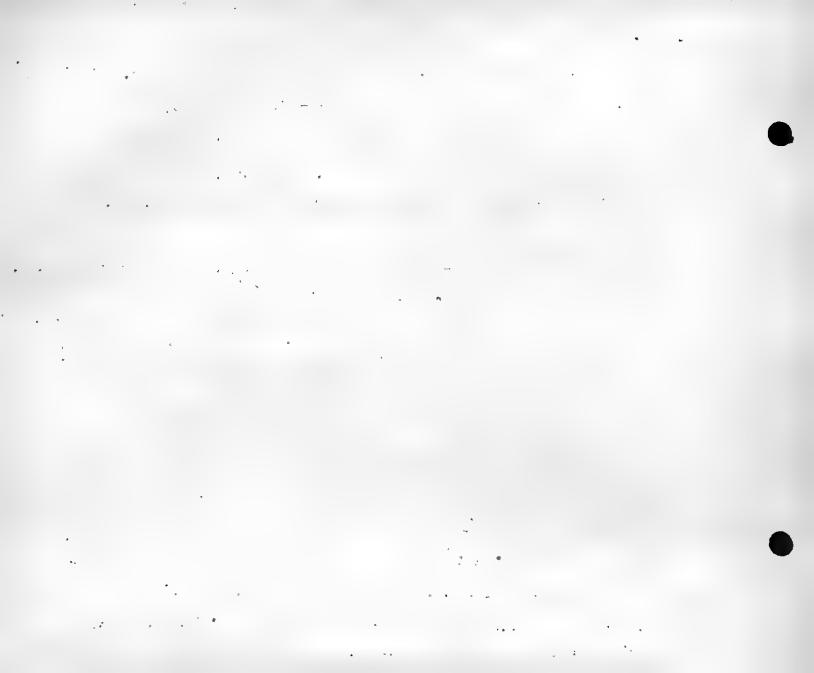
MARYLAND STATE DEPARTMENT OF HEALTH



2 ~		MARYLAND STATE DEPARTMENT OF HEALTH
		00183 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1V1)	1	CERTIFICATE OF DEATH 00181
(= ~=	1. 0	ECEASED-NAME / First / Middle Lost 20. DATE OF DEATH 2b HOUR
deoth deoth	(	ype or print) Hugh O MEKINNIE Month 996 Yeorg 2.15 th
\$ - 5	3. SI	
the oges	L	MONTHS DAYS HOURS M.N.
24 hours ed in by toppers. Po	7o.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED KEVER MARRIED 9 COUNTY OF DEATH
ed i pe	10	MD. WIDOWED DIVORCED HWNEHRUNDEL Md.  IT YOR TOWN OF DEATH  11 NAME OF HOSPITAL OBANSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR
DHOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the theody director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death	1	11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital dupling has fat working a feeten if retired.)  12 USUAL OCCUPATION (Kind of work dane dupling hast of working a feeten if retired.)  13 NAME OF HOSPITAL OR INSTITUTION (If not in haspital dupling hast of working a feeten if retired.)
d w lete rarb nt,	130	USUAL RESIDENCE (Where deceased lived, if Institution, Residence before 12c CITY OR TOWN 13d INSIDE CITY LIM 159 13e STREET AND NUMBER
omp owe (	odm	ISSION) STATE MD. 13b. COUNTY H. H. HUNAPOLIS YES NOT 3704 THOMAS P. DR.
ond c remo	14.	FATHER'S NAME   First   Middle Last   15. MOTHER'S MAIDEN NAME First   Middle   Lost   Lost
e be	<u> </u>	THIGH DEHLL
e deoth certificote b attending physician permit. Then please on, or removal, and i	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no acunic nawn) (If yes give away or defined space)  Address  Address  Address  Address
cert p pt hen nov		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
te idin	ı	PART I. DEATH WAS CAUSED BY.
dec tren n, o		IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF
of the a the a ssit pe	l	Conditions, if any, which gove
hot T. Y # Y # Pmsi		1026 10 HILLINGS (0026 (0))
# 25 P		stoting the underlying cause lost. 4 7 0 7
equires tho physician. signed by buriol-tran		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ng program s and to b		NOPONARY THEIMBOSIS 1964 1967 PULMOWAR VEMBULIS 1967
low bee is th	ATIO!	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The low ratending has been se as the th prior to	CERTIFICATION	YES NO CAUSES OF DEATH?
or or or eolth		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
CIA Difficial difficial of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Manth Day Year (If either, notify medical examiner) P.M. 19
IDING PHYSICIAN:  1 by the hospital or  After this certificate i be detached for us  State Dept. of Healt	35	21d INUSEY OCCUPRED 21e PLACE OF INHURY / AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. City of Town County State
de Historia		at work U ot work U
Stori		22a. I certify that (I) (this hospitel) attended the deceased from 25, 19, 7, ta, 1968, that (I) (we) last saw the deceased alive an 2, 1968, and that in (my) (our) opinion death accurred an the date and haur and from the
R. A	1	causes stated abave, (1) (we) (did) (sid nat) view the bady after death.
T P S S S S S S S S S S S S S S S S S S	П	22c DATE SIGNED
OR be red weed w		DEGREE PHYS. DIRECTOR
TAL DOY AL C	1	Pad PHINGTAN'S NAME (Type) FOUNDS (REAL PADRESS LINE ST. HALL BOOKS M.)
OSPI NER ctor,	20	LINED S. DECT
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, creating the prior of	730	BURIAL CREMATION, 236 DATE 236 NAME OF CREMATORY 23d LOCATION (City or Town) (County) State)  REMOVAL SPRINTY 2-1-68 RANTO NATE.
1	24	FINERA DIRECTOR / / ADDRESS / 2SQ REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE
30M REV 1/68	1	hy M. Tytus four Chwepoli, Md. DATE FEB 2 1968 filestes Judges







00186

## CEPTIFICATE OF DEATH

00184

		CERTIFICAT	E OF DEATH		Reg. Dist. No.
4	1. PLACE OF DEATH Anne Amindel Anrundel	MARYLAND 2	. USUAL RESIDENCE (Where o. STATE Marylan	b. COUNTY	An runde 1
	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)  Laure I	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF outs	ide carparate limits, write RI	URAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	<del></del>	e. IS RESIDENCE ON A FARM?
	None		188 Charo	lette Drive	YES NO
	3. NAME OF First DECEASED (Type or print) MARCELLA		LLER 4	DATE Mon OF DEATH	h Day Year 68
	5. SEX 6 COLOR OR RACE 7 MARR	RIED NEVER MARRIED B. C	DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.
Ì	FEMALE WHITE WIDOWN	19,10	ecember 6,190	05 62 yrs	
H	100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY?
ı	Accountant Na 13. FATHER'S NAME	tional Security	MISSOUT:		USA
	Charles A. Larson				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.			Ellen Hogan	A11
	(If yes, give war or done of service)			iller Bai	l Columbia Pike leys X Rds. Va.
	18. CAUSE OF DEATH [Enter only one cause per sin PART I. DEATH WAS CAUSED BY.	ne Far (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Moreuman (	mountain	~	
	7/On Due to	A . O.	من معالمت	As a	
ı	Conditions, if ony, which gove rise to immediate (b)	hours - secre	ere yajuru	( CODESING	
ı	couse (a), stating the <u>under-</u> Lying couse lost.				
	(c)	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY
	\$ Y201				PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS C  Y 20/  200 ACCIDENT WAS UNDERLYING   20b DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED (I	Enter nature of injury in Port	t f or Port II af item 18.)	
ı	= 1 11		OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
	While of work		C. Silver Blog. Vic.)		
	21. I certify that I attended the decease	ed fram	, 19, ta	my 1965	that I last saw the deceased
١	alive an Deurs 195	, and that death ac	corred at 1	M, fram the causes a	nd an the date stated above
١	ACTUAL D. A	1 00%		DRESS (Street, city ar town, :	slote) MATE SIGNED
ı	SIGNATURE COLLAND	1 min	LAUREL TO	E GEORGE ST ARYLAND 208	10m. 6,196
	PHYSICIAN'S ROBERT C. WI	NGFIELD, M.D.	-noncies in	ANTENIO 200	
	220. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR C	REMATORY 22	d LOCATION (City, town o	r county) (State)
	Burial 1/20/68	Hiram Park		St Louis, Mi	
	23 FUNERAL DIRECTOR'S SIGNATURE Walter J.	THE CORESS	24a. REC'D B	Y REGISTRAR 1246 REGIS	TRAP'S SIGNATURE:
	Cunningham Funeral Home, Inc	c. Alexandria, V	a. DATE	70 1000	10

may be retained the haspital or attending physician.

TO FUNERAL DIE VR: After this certificate has been signed by the attending physician and campletely filled page 3 should tracked for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to buriol, cremotion, or removal, and in any event within 72 hours after death. VS A15 [4] 1SM 9/SS

TO HOSPITAL OR

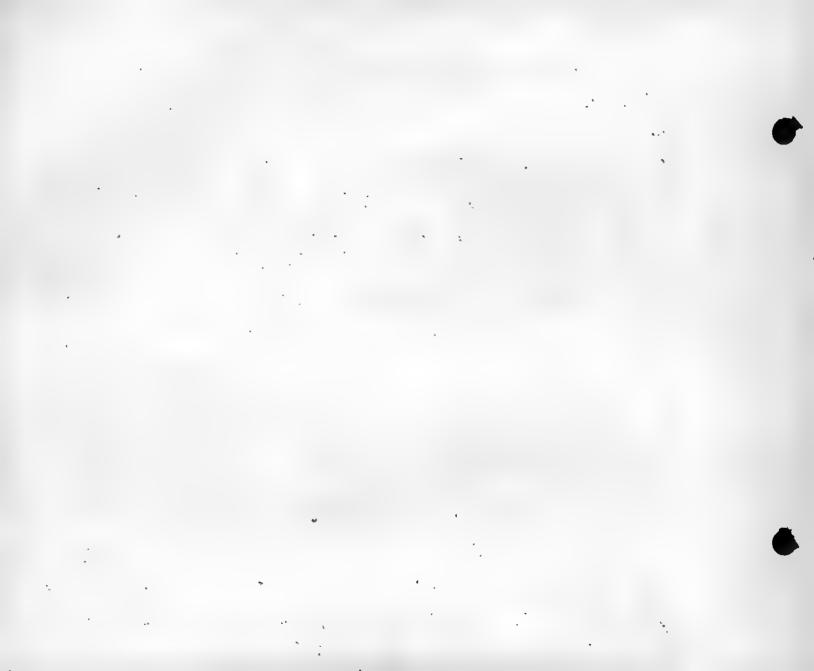
funeral lirector,

ofter death. Page 4

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 his



and the same of th	1	MARTLAND STATE DEPARTMENT OF HEALTH
(1 1		00187 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(IVI)		CERTIFICATE OF DEATH 00185
death ond 2 death		CEASED-NAME First Medile JENNINGS) MILLS 20 DATE OF DEATH 20 DATE OF DEATH 1/30 PM
the fundance of sections of the desired of the section of the sect	3. SI	Female  4. RACE White  S. DATE OF BIRTH  9-16-1894  6. AGE (In years If LUNDER I VEAR IF LUNDER 24 HRS lost birthday)  YRS. MONTHS DAYS HOURS MIN
4 hours	70 9	SIRTHPLACE (Stote or foreign 7b. CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Md.
vithin 24 ly filled on pape within 7.	10.5	TY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even directived)  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even directived)  INDUSTRY OR TOWN OF DEATH  INDUSTRY OR
ecuted with completely tove carbon by event, with	13o odm	USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSION CITY LIMITS? 13e STREET AND NUMBER SSION) STATE 13b COUNTY 4. 14 Co. 11111111111111111111111111111111111
and co	14	ATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle Lost EDWARD DENVINES IDA BELLE FRITZ
ertificate b physicion nen please roval, ond i	160. Y	WAS DECFASED EVER IN LS ARMED FORCES? (es, ng/ocurityDown) (If yes give wor or dates of service)  16b SOCIAL SECURITY NO. 17 INFORMANT  W. BERKLEY M. Address  ### 18 19 19 19 19 19 19 19 19 19 19 19 19 19
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer Page 4 may be retained by the hospital or attending physician.  D FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the fur director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages I should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART 1 DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  PROXIMATE INTERVAL BETWEEN ONSET AND OFATH  2 /2 lim.
nat the on.  y the off partition.		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave  Inse to immediate couse (0),  Storm the underlying cause  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
equires that physician. signed by buriol-trons burial, crem		storing the underlying couse (c) (c) Use TO, OR AS A CONSEQUENCE OF (c) (c) (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
the law requated attending phos been signed to be the best on the best of the	TION	190 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   200. AUTOPSY?   20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The I after not after not after not after not	CERTIFICATION	YES NO CAUSES OF DEATH?  210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
PHYSICIAN: The ne hospital or atte this certificate hos etached for use o Dept. of Health pr	MEDICAL (	OR CONTRIBUTING CAUSE OF OKATH HOUR A.M Month Day Year  Of either, notify medical examiner)  P.M. 19
G PHY the ho r this c detach te Depl		21d. INJURY OCCURRED While Not while of work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) OFFICE BLINDING, ETC.  21f. LOCATION Street or R.F.D. No. City or Town County Stote Of work
Poge 4 moy be retoined by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health		22a. I certify that (I) (this haspital) attended the deceased from
OR ATTEN be retoined DIRECTOR: 9 ge 3 should led with the		226. SIGNATURE ATTENDING ATTENDING DIRECTOR STAFF 1/8/68
ro Hospitat Page 4 may O FUNERAL I director, pag should be fil		PARE (Type) WOHN LIHEDEMAN 1407 FOREST DR ANNAPOLIS MD.
TO HC Poge TO FU direct shou	1	BUR AL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATIONY (County) (Stote)  SEMOND OF COUNTY (STOTE)  ADDRESS OF COUNTY (STOTE)
VR A15 (4) 30M REV, 1/68	LA L	OHN M. TAYLOR SONS ANIMOUS MATE JAN 22 1968 Charles Judges



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06188 00186 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month Year 68 the funeral Carrie Elizabeth MITCHELL January offer IE UNDER 1 YEAR 3. SEX 4. RACE S DATE OF BIRTH IF LINDER 24 HRS 6. AGE (In years lost birthdoy) MONTHS DAYS HOURS Coloned temale 8-13-1911 hou 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State of foreign 8. MARRIED NEVER MARRIED .⊑ burial, cremation, or removol, and in any event, within 72 h country) DIVORCED [ Anne Arundel WIDOWED Y Mary land
10. CITY OR TOWN OF DEATH campletely filled 12o USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) during most of working life, even if retired)
Domestic INDUSTRY Honapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before I Lae. STREET AND NUMBER 13b. COUNTY YES Sherwood 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Lost puo Peter Martha NMN Butler physicion c Quemn 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Mitchell Bee Rtl 44-31-45-45-46 218-28-3744 Annapolis 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH 8 W/cs. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gove rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **J FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Heolth prior to 1 CERTIFICATION O HOSPITAL OR ATTENDING PHYSICIAN: The low 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY State C.tv or Town County While Not while ot wark at work causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION 23b. DATE REMOVAL (Specify) 1-8-1968 0 Fowlers Annapolis A FUNERAL DIRECTOR ADDRESS VR AT 30M REV 2/68 .E. Hicks .111 Annapolis, Maryland DATE

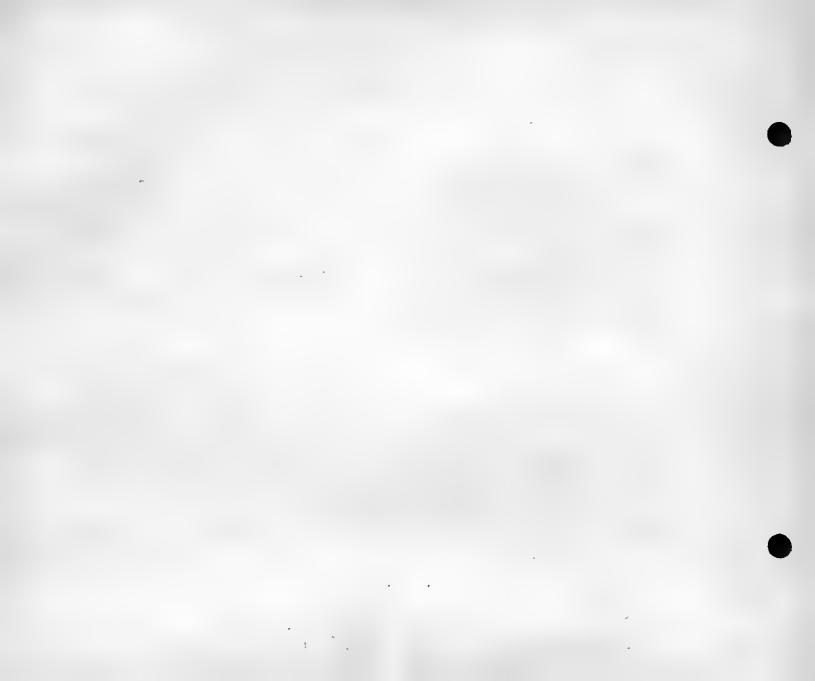


MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00187 00189 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 haurs after death (Type or print) Month MOBRAY Luther January 6. AGE (In years 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR MONTHS DAYS HOURS nutral, crematian, ar temoval, and in any event, within 72 hours at YRS filled in by 70. BIRTHPLACE (State of foreign CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 75 MARRIED NEVER MARRIED country WIDOWED DIVORCED Anne Arundel 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CAY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 125. KIND OF BUSINESS OR **INDUSTRY** 130 USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13e STREET AND NUMBER 13b. COUNTY NO F and 14 FATHER S NAME / 15 MOTHER S MAIDEN NAME First Middle Last the attending physician sit permit. Then please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, stor of unknown) CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c) ) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the burial-transit p Conditions, if any, which gave ) nse to immediate couse (a). DUE TO, OR AS ALCONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/ **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta 9a DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES [ Page 4 may be retained by the haspital or 276 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING | CAUSE OF DEATH HOUR AM Manth f either, notify medical examiner) (AT HOME, FARM. STREET, FACTORY.) 218 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY State City or Town County While Nat while of work ATTENDING 22a. I certify that (1) (this hospital) attended the deceased fram 16/19/5 and that in (my) (out) opinion death occurred on the date and hour and from the saw the deceased alive on... causes stated abave, (1) (weredid) (did not) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYSICIAN'S NAME (Type) 22e ADDRESS 23c NAME-OF CEMETERY OR CREMATORY OCATION (City or Town BURIAL CREMATION 23b. DATE VR A15 [4] 30M REV. 1/68





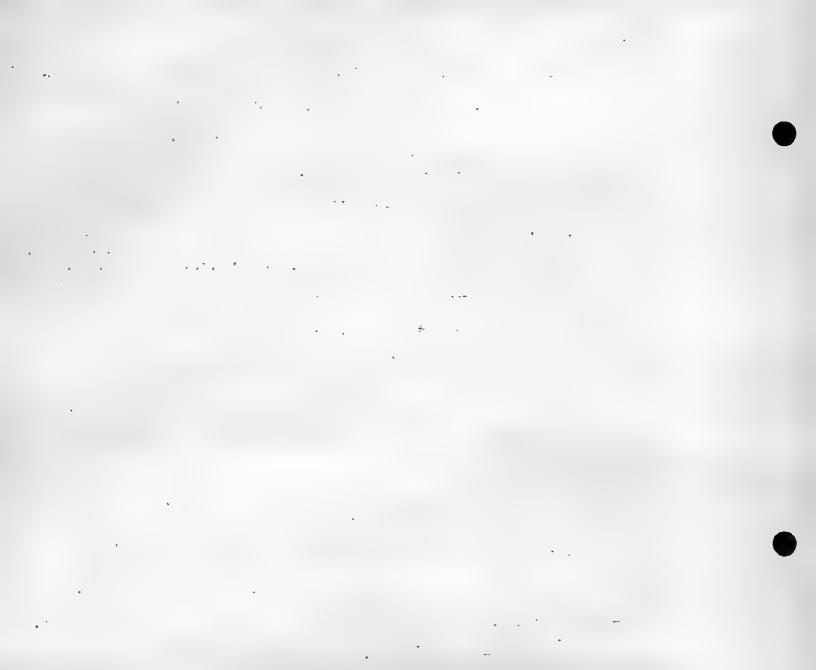
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00191 00189 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY ANNE ARUNDEL MARYLAND MARYLAND ANNE ARIUDET. b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURA, and give nearest town) lday Jessup. FT GEO G MEADE, MD d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS KIMBROUGH ARMY HOSPITAL Box # YES NO ... NAME OF First Middle 4. DATE Last Year DECEASED (Type or print) MARGARET I. MOORE DEATH Janua Y car IF LINDER LYFAR 9. AGE (In years 6. COLOR OR RACE DATE OF BIRTH UNDER 24 HRS 7. MARRIED **NEVER MARRIED** (ast birthday) Months Days Hours and in any Cau WIDOWED To DIVORCED December 1986 rem 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stofe" or fareign country) 12 C TIZEN OF WHAT our no most of working life, even if retired)
Housewille COUNTRY? physician ( INDUSTRY Alligheny. Pa. TISA None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. William Reed Kendall Alfaretta unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 81ddesMary In Ave (Yes, na, ar unknown) (If yes give was or dates of service) Virginia I. Roberts (N)Balto. Md. No Unknown crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter any one cause per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY HEMORRHAGE IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician DUE TO PERTENSION Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO þ 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) 20g ACCIDENT WAS LINDERLYING [ OR CONTRIBUTING FT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. MIJRY OCCURRED 20e PLACE OF IN JRY (Hame farm. (C ty or town) (County) 20c T ME OF INJURY Manth, Day Year factory, street, office bldg etc.) Hauram. 21. I certify that (1) (this hospital) attended the deceased from 26 JAN 19.68, to 27 Jan 19.68, that (1) (we) last 19 68, and that death accurred at 249 M, from causes and on the date stated above DIRECTOR: sow the deceased alive on 27 JAN 22g. SIGNATURE 22b. DATE SIGNED 27 JAN 68. DIRECTOR PHYS MΩ , page 3 be filed v ADDRESS 27c PHYSICIAN FUNERAL Kimbrough Army Hyospital, Ft G.G. Meade NAME (Type) FREDERICK SHUSTER. CPT. MC Atele NAME OF CEMETER WOR CREMATORY 230 BURIAL, CREMATION. (County) 9 REC D BY REGISTRAR VR A15 (4) 25M 1/67



Cille		MARTLAND STATE DEPARTMENT OF HEALTH	
W.		OR 200 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	- 42 ft 41 ft
6		00192 CERTIFICATE OF DEATH	00190
NIV.	1. D	ECEASED-NAME / First Middle Last 2a, DATE OF DEATH	2b. HOUR
है ट्यूड		Type or print) HARRY F. MORELAND SR. Month Pay	Year & PM
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. SI	MAICRY , MORELHOUS SR, 19	UNDER I YEAR IF UNDER 24 HRS.
\$ 1 s.£	3. 31	the state of the s	NTHS DAYS HOURS MIN
S # 85		11 W G-/4-18/6 9/ YRS.	
by by		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1
24 hours after in by the Popers. Pages 7.72 hours ofter	COU	MD. 4.5. A WIDOWED DIVORCED HONE HOUND	EL Md.
n 2 illec pop pop	19/1	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 1	126 KIND OF BUSINESS OR
vith on with	$\mathcal{H}$	WALASSALE give street address) during most of working life, even if retired.)	FARM
d w lete corb		USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13; CITY OR TOWN 13d INSIDE CITY IMPLIES 13e STREET AND NUMBER	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the hospital or attending physician.  CTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the state of t	adm	115SIAN) STATE M.D. 136. COUNTY H. H. HOUROULIS YES DINO 123 SUMNE	RRD.
d cc mo	14.	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle /	/ / Last
an an in c		RICHARD F. MORFLAND MARY STA	Llinge
te lion ion sase	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO 17 JAFORMANT . Address	rn/N73
fico ysic al, c		Yes, ga, prynknawn) (If yes give war ar dates at service) Rusy Hopkins # 13	
erfi ph nen	-		APPROX.MATE INTERVAL
ling the		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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of of of		4/20 DUE TO, OR AS A CONSEQUENCE OF	30 gm.
the the sit		Conditions, if any, which gave is the property of the secret of high property on	pro-
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The law requires the attending physician. has been signed by se as the burial-troith prior to buriol, cre		(t)	
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lay andia be ts ff	A S	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
The after has se a	CERTIFICATION	YES NO NO CAUSES OF DEATH?	
S p ag T		21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	18.}
	MEDICAL	Clif either, notify medical examiner) P.M. Month Doy Year	
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by the hospit frer this certi be detached State Dept. of		trine iten wille	,
Strate /	ı	gt work — gt work —	f that (i) (we) last
	1	saw the deceased alive an Jam 12 19 65, and that in (my) (corr) apinian death occurred an the date of	and have and from the
The Figure 1		causes stated above, (1) (we) (did) (did not) view the bady after death.	pm.
The CT of the little in the li		22b. SIGNATURE 22c. DATE	SIGNED
OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certifica g 3 should be detached for ed with the State Dept. of He	1	OSCORDELLA NOT DEGREE PHYS DIRECTOR DIRECTOR DIPHYS. DI	17168
AL DO	ı	22d. PHYSICIAN'S NAME (Type) S. PORSSUCK, M.D 22e. ADDRESS CAMPAGA OF LA	4
FRA FRA d be	l	NAME (Type) S. BORSSUCK. N.O. Unnapolis h	ne1
Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230	BURIAL, CREMATION, 23b. DATE 23c, NAME, OF CEMETERY OR CREMATORY 23d, JOCATION (City or Town)	Lounty) (State)
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	24.	FUMERAL DIRECTOR D ADDRESS 250. REC'D BY REGISTRAR 4 25b REGISTRAR 5 SIGH	NATURE
VR A15 (4) 30M REV 1/68	16	hy M Jay fort Street (Luncools Md. DATE JAN 22 1968 yours	Los Justin
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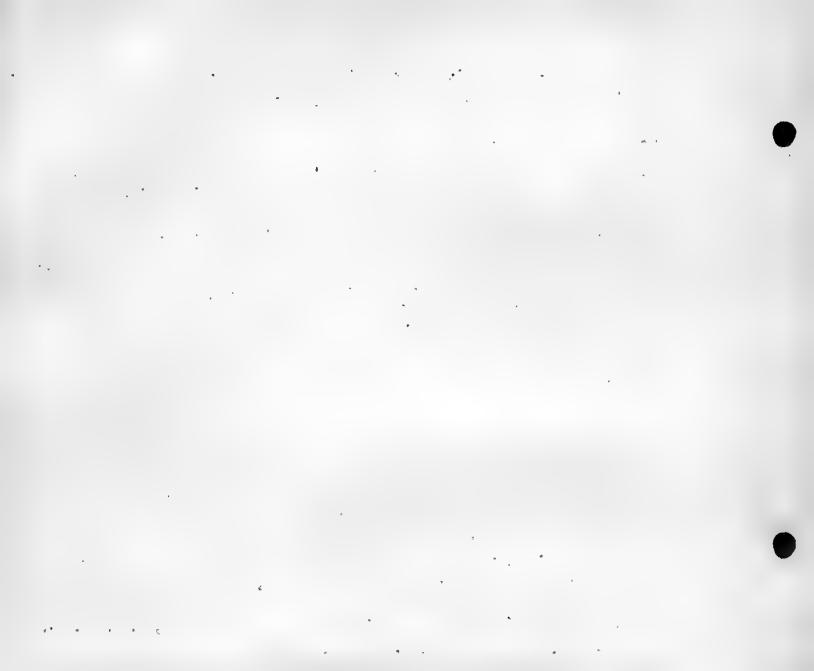
				D STATE DEPARTMEN				
7		0.0407	DIVISION OF VITAL RECORDS,			E, MARYLAND 21:	201	00191
<i>k</i>		00193		CERTIFICATE OF DI				
SE.		CEASED NAME First	Middle	Last	2a. C	DATE OF DEATH Month	Day	Year 2b. HOURA.
1		Jehm	Albert	MORRIS		January	9'	1968 11:35
	3. \$	_	4 RACE	5 DATE OF BIRTH		6 AGE (In ye last birthday	MONTH	IDER I YEAR F JINDER 24 HRS HS OAYS HOURS MIN
	<b>—</b> -	male	Caus.	Aug. 2		89	YRS	
	70 cau	BIRTHPLACE (Stote or foreign htry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED		NTY OF DEATH	_	
	10	Maryland TTY OR TOWN OF DEATH	USA  11. NAME OF HOSPITAL OR IN:	WIDOWED DIVORCED	terrore 1 d la	nne Arunde PATION (Kind of work		Md.
	10.		give street address)		during most of w	orkina life, even if re	tired ) IN	IDUSTRY
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	odm	ssion) STATE Maryland	Anne Arundel		S∏ NO ₽	Rt 1 Box		
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		WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SECURITY	NO 17 INFORMANT			03 N.	
		es, no ar unknawn) (11 yes give v	var or dates of service) unknown	Joseph A.	Movlan		Phila.	
			lly ane cause per line for (a), (b), and (c).  D BY:					APPROXIMATE INTERVAL BETWEEN ORSET AND GEATH
		PART I. DEATH WAS CAUSE	ATE CAUSE (0) Cangentar	lugart failu	er			3 d'a 11 -
		4129	DUE TO, OR AS A CONSEQUENCE OF					
		Conditions, if any, which gave anse to immediate cause (a),	(b) Cutword	hotre cormany	vascular	duian		10 gur
		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	/				4/
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		PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERMINAL DE	SEASE OR CONDITIO	ON GIVEN IN PART 1(a)		
	S	19g DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY	2	206 IF YES, WERE FIN	DINGS CONSID	EDED IN CEPTIEVING
	CERTIFICATION	THE DATE OF OPERATION 1170.	CONDITION TOK WITCH OF EKKNON WAS TE	YES T	NO IZ	CAUSES OF DEATH?	O-CHO) COMIO	ERED IN CERTIFYING
	CERT	21o. ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJURY	21c. HOW INJURY OCCURR		of mury in Port 1 or	Port 2 Item	18.1
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Month Doy Year		,		, , , , , , , , ,	
	AED G	(If either, notify medical exami 21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FA		R.F.D. No.	City or Town	Co	unty State
		While Not while at work	OFFICE BUILDING, ETC	/				
		22a. I certify that (I) (th	is haspital) attended the deceas	ed from /wriz	, 19 65.	tadan_	, 19 <u>68</u>	_, that (i) (we) last
	L	saw the deceased a	live on 124 8	1968, and that in (my) (	(our) apinion d	leath ockurred an	the date a	nd haur and fram the
		22b. SIGNATURE	e, (I) (we) (did) (did not) view the	body after death.			22c DATE	SIGNED
1	L	1 stu t	1 trd war 2	DEGREE PHYS	MED. DIRECTOR	STAFF PHYS	1/9	168
		22d. PHYSICIAN'S		22e ADDRESS		- 11113	1	
			nn Hedeman			rive Annar	olis.	Md.
		BURIAL, CREMATION, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATORY		LOCATION (City or Tow		ounty) (State)
		noval spurial	Jan, 12, 1968 Hills:	ide Cemetery		lyn Mc	ntgome	ery Pa.
	24	FUNBATE FOREY E.	opping / ADDRESS		O. BELOND PEGIS	TRAR 25b. REG	ISTRAR'S SIGNI	ATURE
8			1 Home - Annapolis	Md. Di	ATE TI	1968 22	liante	1 Judge



1 424	1	MAKTLAND STATE DEPARTMENT OF HEALTH  ON ONE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00192
HEALTH BEPT.	1 0		Day Yeor 2b. HOUR
	(	Type or Print)	20 1968 PM
S Sold of	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years I F UNDER 1 YEAR IF ONDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
y de PM3 PM3		Month Doy 2	Yeor 1968 >M
		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
form form	cour	W DOWED DIVOKCED 71.17. CO	Md.
Pag Pag /ith	ļ.,	due no most of working life agent featured	126 KIND OF BUSINESS OR
24 hours after death in Item 18. Give Pages r's Office along with far as I and 2 with the State rs after death.		USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c (ITY OR TOWN 13a inside City Limits) () 3e STREET AND NUMBER	- Punling
18. Gn e along Zwith death.	0	drussion) STATE NO 13b. COUNTY A.A CO Surcewilk YES NO 12 Weed In a	1. ADIVE J
m 1 fice od 2	14.	ATHER'S NAME / First Muddle Lost IS MOTHER'S MAIDEN NAME First / Muddle	Lost
4 haurr Herm 5 Office 1 after		Charles P. Musen h Metter Eckhan	26
hin 24 nal 'n niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	- 0 0 4
I within n pencil Examine File pagi	()	(85 pt), or sinknown) (18 yes give war of dates of toward) (Charles 7. Missen - 130	et como
be executed wif "pending" in pe nief Medical Exar ansit permit, File event with.n 72		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding" ii Medical permit, nt with,r		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Chilerin selevasion Generalized	Level 8
be executed "pending" in nief Medical E ansit permit. F event with.n		Onditions, if only, which gove	
d be Chie rrans		rise to immediate couse (o), (b)	
shauld be one word "pe to the Chief burial-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
tate shading the vector of to the same of the total same of the same of the total same of the total of the to		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate shauld be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with farm files 3 shauld be used as a burial-transit permit. File pages I and 2 with the State De nation, or remayal, and in any event with. 72 hours after death.	_	the country and constitution of the constituti	
iis certific te, writin forwards se used as	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AJTOPSY?
This create, be for the u	E	WAS PERFORMED?	YES NO NO
Threatification of the control of th		210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Ite	m 18)
EXAMINER: 1 ute the certific age 4 should to your files Page 3 shauld , crematian, o	MEDICAL	CAUSE OF DEATH P.M. 19	for the first
로 <del>-</del>	2	WHILE NOT WHILE foctory, office building, etc.)	County State
		22a   certify that Hook charge of the remains described above, held an Autapsy , Inspection , Inquiry	
<b>Z</b> × × × P <b>D</b> × × × × × × × × × × × × × × × × × × ×		22a   certify that took charge of the remains described above, held an Autapsy, Inspection, Inquiry  death resulted trops   Natural causes Accident, Suicide, Hamicide, Undetermined manner	<u></u>
ptease e I director retained  DIRECTOR  DIRECTOR  DIRECTOR  TO BUT TO BUT	1	CHIEF MEDICAL EXAMINER	_
ry, pleasseral direction be retain RAL DIRE		ACTUAL Of the feed.	SIGNED
EPUTY ssary, F funeral ay be r INERAL Ith pric		EVANUAGO:	20-68
O DEPUTY necessary, the funera 5 may be O FUNERA Health pr		NAME (Type) F. LINHARCH. ADDRESS (Street, city, town, or county)	
<b>5</b>	230	BUNDAL (REMATION) 23b DATE 23c MAMY OF TEMETERY OR (REMATORY 23d LOCATION CONTOWN)	(County (State)
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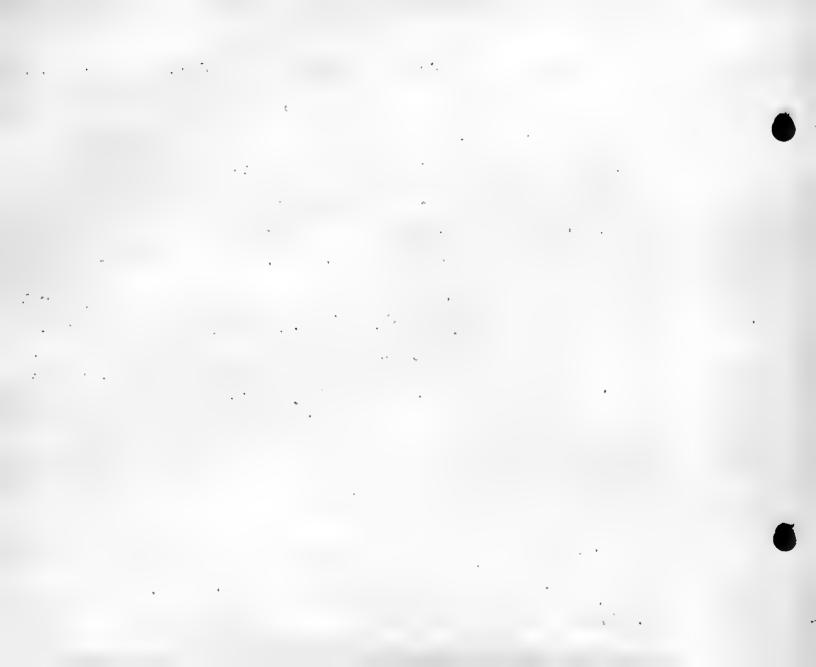
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4	$= \{V_i\}$		00720	DIVISION OF		, 301 W. PREST	· ·		RYLAND 21201	0044	153
1		L				CERTIFICATE	OF DEATH			0019	13
	E 1-12		ECEASED-NAME First		Middle	l	ast	2a. DATE O	DEATH		2b. HOUR
	de les tes	'	(Ype or print)  Berth	a.	M.	Neugebaue	r	Jan.	Manth 19 Day	1968 ^{Yeor}	9 P.M
	2-2	3. 5	X	4. RACE			TE OF BIRTH		6. AGE (In years	IF JNOER 1 YEAR	F JNOER 24 HRS
	aft the riges s aft		Female	White			2-4- 82		last birthday)	MONTHS CIAYS	HOURS MAN
	by Program	7a.	BIRTHPLACE (State or foreign	76 CITIZEN OF WH		8. MARRIED   NE		9. COUNTY OF		<del></del>	
	D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death	cau	ntry) Maryland	United S	tates	MIDOMED X	D-VORCED [	Anne A	rundel		Md
	in 2 fillec par hin	10	CITY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR IN	ISTITUTION (If not in h			(Kindrof work dane	12b. KIND OF B	USINESS OR
	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely fille should be detached far use as the burial-transit permit. Then please remove carbon part the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within		Glen Burnie	No	rth Arund	lel Hospit			life, even if retired.) .10	INDUSTRY At H	lome
	ed plet car	13a	USUAL RESIDENCE (Where decea	ied lived, if institution	on: Residence before	13c, CITY OR TOWN		13 <u>13</u> 13	reetjand number £ 368 Pas Keshore	edana	
	com cove		ssion) STATE Maryland	13b. COUNTY Anna Ar	undel /	Pasadena		NO E Le	Keshore	enema	
	and and	14.	FATHER'S NAME First	Middle	Last	IS. MOT	HER'S MAIDEN NAME	First	Middle	•	Last
	h al	L	George D	owney			E1,5	zabeth	Jamison		
	alea	160	WAS DECEASED EVER IN U.S. AR	AED FORCES?	16b. SOCIAL SECURITY				Address		
	hys val.		(es, na, ar unkaawn) (It yes gwe			Fan	ily			Sa	MIG
	ing F		18. CAUSE OF DEATH (Enter or	ly one cause per lin	e for (a), (b), and (c	))	^	. 1	1 6	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
	he death attendir permit. ian, ar re		PART I. DEATH WAS CAUSE IMMEDI	D BY. ATE CAUSE (a)	oon be	aculi	vego le	in dal	20 year	,	
	offe offe on, (	L	441,4	DUE TO, OR A	S A CONSEQUENCE OF	4-	-		V		
	the the sit p	L	Conditions, if any, which gave	(b)	6000 16	a work	c chill	elija	~,—		
	that by 1 dans	1	rise to immediate cause (a), stating the underlying cause	DUE TO, OR A	S A CONSEQUENCE OF				*		
	sicio ed led al-tr		last.	(c)							
	equires that the physician. signed by the burial-transit burial, cremati	1	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT I	NOT RELATED TO THE	TERMINAL DISEASE O	R CONDITION GIVE	N IN PART 1(o)		
	ng n	2	4.								
	The law ratending attending has been se as the the priar to	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED 20	Do. AUTOPSY?		YES, WERE FINDINGS (	ONSIDERED IN CER	TIFYING
	The after the has be compared by p	Iğ					YES NO	₹ CAUSE	S OF DEATH?		
	n are are each		21a. ACCIDENT WAS UNDERLYI				JURY OCCURRED (En	ter nature of inju	ry in Part 1 or Part 2,	Item 18)	
	PHYSICIAN: the haspital ar this certificate detached far u e Dept. of Healt	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		Manth Day Yea	9					
	has has cer che	쀭	21d. INJURY OCCURRED 21e	PLACE OF INITIRY (	AT HOME, FARM, STREET, E- OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATIO	N Street or R.F.D. I	la. City	or Town	County	State
	this this derive be	1	While Nat while at wark		Title Bottomo, 1107			-0			
	ING by t frer se c	П	220. I certify that (I) (th	is hospitol) atte	nded the deceo	sed from 1	, 19.	68, to	19	<u>68</u> , that (	(!) (we) lost
	ed led lid lid lid lid lid	П	saw the deceased c	live on 1 1	did dot) view the	196 출 , and the	t in (my) (our) o	pinian deoth	accurred on the do	ote and hour o	nd from the
	TO TO THE PERSON THE	П	22b. SIGNATURE	s, (i) (we) (uiu) (	ald hor) view the	bady after death	l.		224	DATE SIGNED	
	OR / Director of the second of		Suno l	y, to	WD		ATTENDING PHYS	MED. DIRECTOR	STAFF D	19,6	9
	y by by by billege	П	and numbers and	200103	-		22e ADDRESS _				0
	mg mg kal		NAME (Type) AR	ENIO	SANT	107	335	000	Illens	85	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the OFUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health priar to burial, cre.	230	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY OR CREM	ATORY	23d. LOCATI	ON (City or Town)	(County)	(State)
	S S S S S S S S S S S S S S S S S S S		DEMONIAL IC ILA	23 68		Holy Cr					
	a	24	FUNERAL DIRECTOR		ADDRES	5	25a. REC'D	BY REGISTRAR	ok lam A	SIGNATURE	d.
	30M REV 1/68		Mc Cully		130 E	. Fort Av	e DAUAN	2 3 19	58 Ichan	Ces Juda	Car
		-									



4.6			MARYLAND STATE DEPARTMENT OF HEALTH	
2/1-	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
"	(= =		00196 CERTIFICATE OF DEATH	00194
		) li	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR_
	death		(Type or print) The state of th	968 12:30M
			3 SEX A RACE S DATE OF BIRTH 6 AGE (In years 1 Fun	IDER 1 YEAR   HE UNDER 24 HRS.
	# Zat		FEMALE WHITE (/ 7-27-00 last birthday) YRS. MONT	HS DAYS HOURS MIN
	urs to the state of the state o	<i>i</i>	70. BIRTHALACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH	
-	in the		COUNTRY)  MARYLAND  UNITED STATES  WIDOWED DIVORCED ANNE ARUNDEL	Md.
	led led	- 1	12 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospito) 120 USUAL OF COPATION (Kind of work done 12	% KIND OF BUSINESS OR
	requires that the death certificate be executed within 24 hours after death, g physician.  I signed by the offending physician ond completely filled in by the funeral subviol-tronsit permit. Then please remove carbon papers. Eages of and a burial, cremation, or removal, and in any event, within 72 hours after death.	J4		IDUSTRY
	etel	- 1	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
	mpl e co	03	admissian) STATE 135 COUNTY YES NO 318 BAYBOURNE TO	1117777
	xect	ŀ	14. FATHER'S NAME First Middle Lost (15. MOTHER'S MAIDEN NAME First Middle	Lost
	ond rer	- 1	Harry Kerner Lottie	2001
	te b ian ian ase	H	160 WAS DEFEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 117 INFORMANT BRAILED. MC	
	fical ysic ple ple ol, o		Yes, no. pronknown) (ff yes give word dates of service) 25 217-32-7923B Wm. L. O'Patterson 6210 McClea	n Blvd.
	erti Ph hen	F	1B. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c))	APPROXIMATE INTERVAL
	th ding	- 1	PART I. DEATH WAS CAUSED BY:    MANUAL CAUSE (a)   Cause (b)   Cause (c)   Cau	ATTICLE TEL
	dea frmit rmit	- [		Minore
	he of pe		Conditions, if any, which gave )  DUE TO, OR AS A CONSEQUENCE OF  A 5 ( ' ' H 1')	40
	at _ # _ msiring		rise to immediate cause (a) (b)	100-00
	s the cian t		Starting the order ring coase	
	uire isyr gne gne iriol		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	requestion single		ALL OF C I A LAND TO THE TENNING OF	
	law ndin beer s the		19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSID	DERED IN CERTIFYING
	The tatter attents hos lase os	-X	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERATION WAS UNDERLYING 121b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
	s T a c a c a c a c a c a c a c a c a c a		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item	IR)
	JAN For For Sea			104/
	OR ATTENDING PHYSICIAN: De retained by the hospital or IRECTOR: After this certificate e 3 should be detached for used with the State Dept. of Heal	_ 1	Grant Contributing Cause of Orath HOUR A.M Month Day Year    If either, natify medical examiner   P.M. 19    21d INJURY OCCURED   21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Ca	unty State
	PHY s ho sis tock		While Not while   OFFICE BUILDING FTC.	J
	de te de	X		, that (i) (we) lost
	Afte Afte Be Sto	P	saw the deceased alive on	nd hour and from the
	# FEB	Y	saw the deceased alive on 19 19, and that in (my) (aut) opinion death occurred on the date a causes stated abave, (1) (we) (did) (did not) view the body after death.	
	A B D St		22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE	SIGNED
	be 3		DEGREE PHYS. DIRECTOR PHYS. 1-9-	.68
	ral av pod e fill		22d. PHYSICIAN'S NAME (Type) DAVID ABRAMSON, MD 22e. ADDRESS 707 OLD ANNAPOLIS RD. N. E.	
	O HOSPITAL OR ATTENDING PHYSICIAN: The taw requires the Poge 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crea		, luly po-	
	Herrier rect	-		ounty) (Stote)
	5 _℃ 5 _{₽ ↔}		Buylar I/I3/68 Moreland Mem. Pk. Balto/ Md.	
	VR A15 (4	1	24 FUNERAL DIRECTOR 2SG. REC'D BY REGISTRAR 256 REGISTRAR 5 SIGN	
	30M REV. 1/	68	Leonard J. Ruck Inc. d.	more



		1					ND STATE I						
April 1	1		0019	7	DIVISION (	OF VITAL RECORDS,	, 301 W. PR CERTIFIC			IORE, MARYLA	ND 21201	001	95
		1 0	CEASED-NAME	First		M.ddle	CERTIFIC	Lost		20. DATE OF DEATH	0		I pl. 11011b
er death	震動		ype or print)	VIRGI	NIA	ELIZABETH		RNDORFT		JANU		2 1968	25 HOUR
- E	5-2	3 5	X		4 RACE			S. DATE OF BIRT		6. AC	GE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
	y the Pages urs afte		FEMALE		CAUCA	ASIAN	ĺ	MAY 12	1899	last	t birthday) 68 YRS.	MONTHS DAYS	HOURS MIN.
IN INC.	P .		BIRTHPLACE (State	e or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIED X	NEVER MARRI	ED 9.	COUNTY OF DEAT	Н		
2 4 d	illed in papers. nin 72 h	(00)	KANSAS	5	UNITE	D STATES	WIDOWED	DIVORC	EĐ 🔲	ANNE AR	UNDEL		Md.
ii.	filled pape thin 72	10.	ITY OR TOWN OF		11	NAME OF HOSPITAL OR IN ve street oddress)	ISTITUTION (If no	t in hospitol	during most	OCCUPATION (Kind of working life, e		12b KIND OF B INDUSTRY	USINESS OR
Eiw	bar wi.	_	ANNAI			NAVAL	HOSPITA		HOU	SEWIFE			
pa	ond completely fi remove corban n any event, with			E (Where deceos PTAND	ed lived, if insti 13b. COUNT ANNI	tution. Residence before			YES P NO	7			
tecu	CONTRACTOR	-	ATHER S NAME				ANNAPO	ריווי	<u>X</u>	1120	MADISO	N	<del></del>
<b>6</b>	rem n an	14.		First ROBERT	M.ddle	RUNKL		MOTHER'S MAIL			Middle		Lost
ë	ysician c please ol, and i	160	WAS DECEASED E		ED EUBLESS	. 16b. SOCIAL SECURITY		FORMANT	JNKNOWN		Address		
PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	signed by the attending physician and completely filled in by the for burial-transit permit. Then please remove corban papers. Pages I burial, cremotion, or removol, and in any event, within 72 hours after	100.	es no or unknow	(If yes give w	at or dates of service)	UNKNOWN			R. OR	NDORFF		E AS ABO	NE
cert	In a pol		IB. CAUSE OF I	DEATH (Enter on	y one couse per	line for (a), (b), and (c)	))			····			ATE INTERVAL SET AND DEATH
t o	r the attending phys nsit permit. Then p motion, or removol,		PART I DE	ATH WAS CAUSED	BY: TE CAUSE (o)		niTis					37	ALU C
<del>q</del> e	erm erm in, o		and a	. (1910916,07)		R AS A CONSEQUENCE OF		2	,				-11-1
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es	signed   burial-tr burial, c		lost	. )	(c)	Puoi	seuml	ulce				240	MES
in de	sign buri buri		PART 2 OTHER	SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL (	DISEASE ORCON	DITION GIVEN IN PA	ART HOCOFT	Pulmi	noce
≥.2	to to	×		110 03	SYRUCY	TIVE PULT	MMME	y EMI	Phasem	A BR	mehis	tis AC	ulp_
0	e has been use as the olth prior to	CERTIFICATION	190 DATE OF OPE	ERATION 196.	CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	200 AUTOPS		20K, IF YES, V CAUSES OF DI		ONSIDERED IN CER	TIFYING
Ĕ Ē	등 사람 /							YES	NO 🗌				
AN:	rificate has been defense of Heolth prior to			G CAUSE OF DEAT	HOUR AJ			W INJURY OCCU	RRED (Enter no	oture of injury in P	ort I or Port 2,	Item 1B.)	
SIC	ertii ed i. of	MEDICAL	(If either, notify 21d INJURY OC	medical examin	PLACE OF INJUR		9	ATION Comme	0 FD N-	£24 T .		Court	Stote
PHY	<b>DEFINITION OF PERIORS After this certificate has been signed by director, page 3 shauld be detoched for use as the burial-transhould be filled with the State Dept. of Health prior to burial, cre.</b>		While Not w	while		OFFICE BUILDING, ETC.				City or Tox		County	
SN S	1 音音音 ク	1	22a. I certify	y that (I) (thi	s haspital) a	ttended the deceas	ed from AN	UARY 3	, 19 <u>.68</u>	_, toJANUA	KY 12, 19	68_, that	(I) (we) last
END OF	N be S		saw the	deceased a	ive and Alvi	d) (and not) view the	19 <u>68</u> , and	thot in (my)	(our) opinie	on deoth occur	red on the do	ite and haur a	nd from the
E ig	With the		22b SIGNATURE	sidied addove	, (i) (we) (ui	a) para not view ine	body offer d	eum.			220	DATE SIGNED	
OR ATTENDING			/	Minke	al T	1/101.2	DEGRE	ATTENDING PHYS	☐ MED	CTOR STAP	CC 1	14 JANUA	RY 68
# 2 A			22d. PHYSICIAN		ar (	for our		22e ADDRE		1111	<i></i>		
PIT	ERA I pe		NAME (Type	e) M. F.	FORNES	LCDR MC	USNE		SNH. AI	NNAPOLTS	мл		
O HOSPITAL	o FUNERAL DIRI	<b>2</b> 30	BJR AL, CREMATA	∤ON, 23b I	DATE		CEMETERY OR C		7	23d, LOCATION (Cit		(County)	(Stote)
0	<b>6</b>	0	-REMOVAL 1979	1- Now 1-	16-68	Ft. 67	woolk	,	1/	BLADENS	BURG	/	JD.
	VR A15 (4)	24	FUNERAL DIRECTO	OR O	1	ADDRESS	1 200	2 /	So REC'D BY F	A	Sb REGISTRARS	SIGNATURE	
	30M REV. 1/68	A	then W	1. 10,70	1 Sou	1 (lung	oles MI	do	DATE JAN	16 1968	your	res Jus	ge .



				TATE DEPARTMENT OF I		
X 1		DESTON DIVIS	SION OF VITAL RECORDS, 301		IMORE, MARYLAND 21201	00400
		80198	CER	TIFICATE OF DEATH		00196
=   作產		CEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR A
	(1	ype or pnnt)  Bessie	Elizabeth	PARKER	January 28	1968 4:35 ^M
5	3 SI		ACLT	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR   IF UNDER 74 HRS.
s aft the rs aft	_	FEMALE (	Reorid	10-19-1	88/0" YRS.	MONTHS DAYS HOURS MIN.
in by ers. P	7a, 1			IARRIED   NEVER MARRIED   NEVE	9. COUNTY OF DEATH  Anne Arundel	Md
in 24 Filled Pap hin 7	10 0	DEFOR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUT		AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
with ely bon wit	0	magola	) COUL	Service 1	of the warring the even trained	INDOSIKI
cecuted within 24 hours after campletely filled in by the fulue carbon papers. Pages 1 y event, within 72 hours after	13a adm	USUAL RESIDENCE (Where deceased lived ssion) STATE   13b.	, if institution Residence before 137	OF OR TOWN 13d. INSIDE CITY L	194152 13e. STREET AND NUMBER	ry
be execut and camp remave in any ev	14. 1	ATHER'S NAME/ TIPS!	M ddle Halkast	MOZBER'S MAIDEN NAME F	first da about	OLost
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after stained by the hospital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in by the formula be detached far use as the burial-transit permit. Then please remave carbon papers. Pages ith the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after the state Dept.		WAS DECEASED EVER IN U.S. ARMED FOR (If yes give war ar dates		17 INFORMANT PIO	W. Darker Address	manle.
certi 3 ph hen nav	┝	18. CAUSE OF DEATH (Enter only one of				APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ne death ce attending p permit. The	ı	PART 1. DEATH WAS CAUSED BY	Kon ole	a ful	ine	BETWEEN UNDET AND DEATH
der itter n, a	ı	IMMEDIATE CAUS	UE TO, OR AS A CONSEQUENCE QE.	0 0	/ / /	
the carried artical		Conditions, if ony, which gave	" Anner Per	sin and	o Vasulay D	lecare
hat n. ny tl ansi		nise to immediate cause (a),( stating the underlying cause(	UE TO, OR AS A CONSEQUENCE OF			
es t licia ed b ll-tr		ast.	(c)			
aquires that the physician. signed by the burial-transit purial.		PART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
ng n	_	<i>i</i>				
The law re attending has been se as the th priar ta		190. DATE OF OPERATION 19b. CONDITI	ON FOR WHICH OPERATION WAS PERFOR	MED 20a AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
AN: The law re all ar attending icate has been far use as the Health priar ta	CERTIFICATION			YES NO	CAUSES OF DEATH?	
AN: al ar icate far u Heali			15. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2, 1	tem 18.)
IYSICIAN: hospital ar certificate thed far u	DICAE	ar contributing cause of death (If either, notify medical examiner)	HOUR A.M. Manth Day Year P.M. 19			
G PHYSICL the hospita this certifi defached f	ME	21d (NJURY OCCURRED 21e PLACE ( While Nat while at work at work	OF INJURY ( AT HOME, FARM, STREET, BACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	o. City or Town	County State
NG be d		22a. I certify that (I) (this has	pital) attended the deceased f	ram, 19_	, ta, 19_	
NDI Sed by Se Sec		saw the deceased alive a	n19	, and that in (my) (aur) ap	inian death accurred an the da	te and haur and fram the
Paris Single H		22b. SIGNATURE	we) (did) (did not) view the bad	y arrer dearn.	22. 1	DATE SIGNED
OR ATTEND be retained DIRECTOR: A PIST 3 shauld ed with the	L	220. SIGNATURE	We_	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	1-L G-65
FO HOSPITAL OR ATTENDING PH'Page 4 may be retained by the hor FUNERAL DIRECTOR: After this director, page 3 shauld be detacted by the state Detacted by th		22d. PHYSICIAN'S NAME (Type)	ALLEN	22e. ADDRESS	alfalt	ST
HOS ge 4 FUNE recta	23a	BURIA., CREMATION, 236. DATE	1 1/3/07 23 NAME OF CEME	TERY OR CREMATORY	23d ADCATION (City or Town)	(Caunty) Thirde
5 5 5 5	4	5/1/2004 1-3	1-1960 CVV	Clay of the	BY REGISTRAR 2Sb. REGISTRARS	SICHATURE SICHATURE
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			MARYLA	ND STATE DEPARTMENT OF	HEALTH	
mediate 1//		00199	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 2120	01
		00133		CERTIFICATE OF DEATH		00197
(1)	1 D	ECEASED-NAME First	Middle	Last	20. DATE OF DEATH	(2h HOUR
E E E		vne or print!			Month	20 68 11:30
	ļ.,	Jose				
frer of free o	3. S	X NA	4. RACE	S. DATE OF BIRTH	7-1090 6 AGE (In years last britings)	MONTHS DAYS HOURS MIN
th the rs a	L	11		5-/	1-1898 69	YRS
by by		BIRTHPLACE (State or foreign	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
4 h h d h	COO	VA.	U.S. A	WIDOWED DIVORCED	Anne Arunde	Md.
ille par	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	NSTITUTION (If not up haspital) 12a. US	UAL OCCUPATION (Kind of work d	one 12b. KIND OF BUSINESS OR
# SET 53	14	unapohis	11 NAME OF HOSPITAL OR give street address)	P.DI HOSATA durna	nost of working the even freter	ed) INDUSTRY//SCA. 4
d w	130	USUAL RESIDENCE (Where deceo	sed lived, if institution. Residence below	B 13c CITY OR TOWN 13d INSIDE CITY	LM TS2 13e STREET AND NUMBE	R
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the haspital or attending physician. The law campletely filled in by the further his certificate has been signed by the attending physician and campletely filled in by the further for use as the burial-transit permit. Then please remave carbon papers. Pages 1 Dept. af Health priar to burial, cremation, or remaval, and in any event, within 72 hours after.	adm	ission) STATE MD.	136 COUNTY A. A. CO.		NO 98 GLAUCE	STEP ST.
a co	14.	ATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME	First , Midd	le Lost
an an ince		CLAUNI	ic B Pooled	+ MARG	post	GUR.DON
idn idn and	160	WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166. SOCIAL SECURIT	YNO. 17 INFORMANT	Addre	
fica al, o		es, no of unknown) (If yes give	war or dates of service)	MARY B Par	obstt #13	
Ph hen you	-	10 CAMPE OF BEATH (	1 7 7 8 8 1	" THE YOUR	CHICK	APPROXIMATE INTERVAL
The rest		PART I DEATH WAS CAUSE	nry one couse per line for (a), (b), and (D BY	().) <i>E</i>		BETWEEN ONSET AND DEATH
lean mit	ı	IMMEDI	ATE CAUSE (0)			yeare
aff aff		- / ·	DUE TO, OR AS A CONSEQUENCE O	F A A A A A	1. 1/	V ₁
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the rate in the ra		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F	1.0	
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IAN: The law requires the fall or attending physician. ficate has been signed by far use as the burial-trait Health priar to burial, cre	2	Corn	ans arter	y Miarar	+ Mymm	emplynen.
india india	AT10	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PSKFORMED 20a AUTOPSY?	- 206 IF YES, WERE FINDS	NGS CONSUMERED IN CERTIFYING
The Taw ratending has been se as the h priar ta	CERTIFICATION		/	YES NO	CAUSES OF DEATH?	
ag ag ag	F.	210 ACCIDENT WAS UNDERLYIN	NG 216 TIME OF INJURY	21c HOW INJURY OCCURRED (Em	ter noture of injury in Port I or Pa	irt 2, Item 18.)
HYSICIAN haspital s certifica ached fai	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M Month Day Yeo			
rspl dspl cert hed t. a	물		PLACE OF INITIRY & AT HOME, FARM, STREET,	FACTORY } 21f LOCATION Street or R.F.D. N	lo. City or Town	Equity State
IDING PHYSICIAN:  4 by the haspital or After this certificate i be detached far ur  5 state Dept. af Healt		While Nat while at work at work	OFFICE BUILDING, ETC	The total of the t	this or least	23011
			nis haspital) attended the decea	cod from 10	to level	c 19 68 , that (I) (we) last
DIN by Stai		saw the deceased a	dive an	19 Y, and that in (my) (aur) a	ninian death accurred an th	
ATTENDING stained by the CTOR: After the should be do ith the State		causes stated abav	e, (I) (we) (did) (did nat) view th	e bady after death.	pinian beam accords an in	ic date dits that and than me
P S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE	. 00 10	A an amount		22c. DATE SIGNED
OR ATTENI De retained SIRECTOR: A e 3 should ed with the		TARUL VI	Affaillans !	OEGREE PHYS.	DIRECTOR D STAFF	1-22-68
AL DOG /		22d. PHYSICIAN'S	0/12	22e. ADDRESS	, 1	
HOSPITAL OR ATTENIONGE 4 may be retained by FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type)	· SHIPLE	Y	reformer.	my.
UNI coulc	23o	BURIAL CREMATION. 23b.	DATE 23c NAME O	F/CEMETERY OR CREMATORY	LOCATION (City or Town)	(County) (State)
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	24	REMOVALISIZED /	23-68 St.	MARYS	PHUNAPOLIS	HIT MO.
	24.	FUNERAL DIRECTOR	ADDRE	SS 2Sa. RECD	BY REGISTRAR V2Sb. REGIST	RAR'S SIGNATURE
VR A15 (4) 2 30M REV 1/68	12.	K. W. Jako	April ( Million	oli Mdo DAVIAN	441	carles Judges
	Œ	M 1 1 . 8/07/014.	Die www	יו איני איני איני איני איני איני איני	- 5 0 1000 F	0

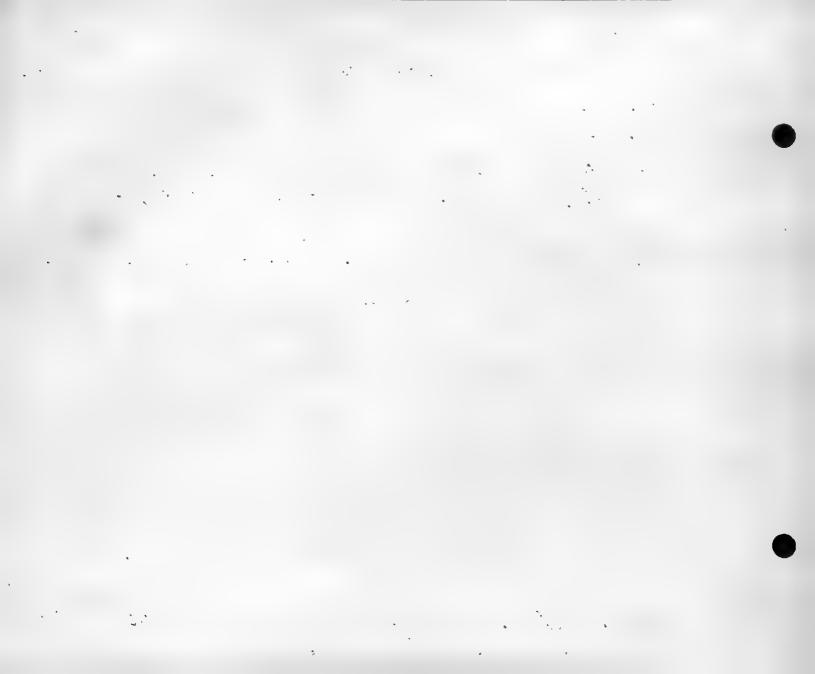


EOR STATE	06200 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	198/5
HEALTH DEPT		Doy Yeor 2b HOUR
200 2	(Tune or Prost)	12, 1968 4:0
delay is and 3 to M3 Page menti of	3 SEX 4 RACE SOATE OF RIRTH 16 AGE (n years   SUNDER 1 YEAR   IF UNDER 24 HRS 27 DATE PRONGINGED DEAD	2d HOUR
and del	Male White 40 yrs. MONTHS DAYS HOURS MIN Month Jan. Doy 12	
ny Pry	70. BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form, form	widowed Divorced Anne Arundel	Mo
deoth with with Sto	give street oddress) Md. House Correction most of working ife, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
s ofter 18. Giv s along 2 with 1 deoth.	130 USUAL RESIDENCE (Where deceosed lived if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 - 2 - D	ddmission) STATE Maryland 3b. COUNTYAnne Arundel YES NO ☑ Md. House Corr	ection
	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
d be executed within 24 d "pending" in pencil in Chief Med.col Examiner's transit permit. File pages y event within 72 hours	16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If yes give wor or dates of service)	
ed to	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in het Med.col E ansit permit. F event within	PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (o) Hanging - Asphyxia	
e execut pending ef Med.c sit perm	Conditions, if any, which gove )	
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offe short of the very sed to the solution of	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	<u> </u>
its certified writing forward a second of removal.	9 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION .	20. AUTOPSY?
	WAS PERFORMED?	YES 🔀 NO 🗆
Tiffi black	210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year HOUR A.M PRIMARY OR COURRED (Enter nature of in ury in Port 1 or Port 2, Ite PRIMARY OR COURRED (Enter nature of in ury in Port 1 or Port 2, Ite PRIMARY CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	m 18.)
MIN the 4 sh 4 sh in fill e 3 s	21d. INJURY OCCURRED WHATE NOT WHATE AT WORK AT WORK  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)	County Store
L EXA ecute Poge for you R: Page	220   certify that I took charge of the remains described obove, held an Autopsy [X], Inspection   Inquiry	, and in my apinian
DEPUTY SICAL E SCESSORY, pleose execute funera director Pormany be retoined for EUNERAL DIRECTOR: 6 solfth prior to buriol,	death resulted fram: Natural causes, Accident, Suicide 🔀, Homicide, Undetermined manner [	
pleose e d'rector retoined	CHIEF MEDICAL EXAMINER	
ry, ple ero: d; be reto RAL Di prior	SIGNATURE / CLUB A 22b. DATE S	
Sson Une Une NER	I STAMBIFF. WELLIGT D. SPETCH. (1.D.)	-12-68
necessory, processory, processor, processory, processor, proc	NAME (Type) • ADDRESS(Street, city, town, or county)	
DEFOR	REMOVATISPECTY) 1-27.68 ANOT.BD, U. o not Schol BALTIMORE,	(County) (Stote)
VR A15MB (5)	24. FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 250 REG STRAPS 5	ignature Judge

MARYLAND STATE DEPARTMENT OF HEALTH



			MARYLAND STATE DEPA		
1		ODOO T DIVISION OF VI		N STREET, BALTIMORE, MARYLAND 21201	0.000
		00201	CERTIFICATE	OF DEATH	00199
± 2 ±		ASED-NAME First	Middle Las		2b HOUR A
	ţ	catherine I	Elizabeth POWE	RS January 1	7 1968 12:35M
s offer s	3. 51	EMALE 4 RACE WHI	and the second second second	OF BIRTH  1904  6 AGE (In years last birthday)  YRS	F JINDER 1 YEAR IF LINDER 24 HRS. MONTHS DAYS HOURS MIN
1 in by Pers. P	7a cay	THPLACE (State or foreign) 76. CITIZEN OF WHAT	COUNTRY? 8 MARRIED NEVE	PR MARRIED 9. COUNTY OF DEATH DIVORCED Anne Arundel	Md.
vithe 24 in within 72	10 (	OR TOWN OF DEATH 11 NAM 11 NAM give at the	of HOSPITAL OR INSTITUTION (If not up has et progress)	pital 12a USUAL OCCUPATION (Kind of work dane during prast of working live) even in stired )	126 KIND OF BUSINESS OR INDUSTRY
> 유럽 <u>.</u> * .	13e adm	UAL RESIDENCE (Whore deceased lived, if institut op on) STATE 13b COUNTY	Resignice before 13c, CITY OR TOWN	13 YES NO 136 STREET AND NUMBER	-DRIVE
ote be exercian ond college remo	14 1	HERS NAME First Middle	last 15. MOTHE	ER'S MAIDEN NAME First, Middle	DE lost
ificote nysician pleasi al, ond	160 Y	AS DECEASED EVER IN U.S. ARMED FORCES?  note of deceased every (If yes give wear or dotes of service)	Sb. SOCIAL SECURITY NO. 17 INFORMA	Y VANZ WHITTING	STON #13
tow requires that the death certificate be executed with adding physician.  been signed by the attending physician and completely the burial-transit permit. Then please remove carbor ior to burial, cremation, or removal, and in any event, with the burial.		B. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	for (a), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the de ne atte nt perm		1560 DUE TO, OR AS a	A CONSEQUENCE OF	Gall blodder & networks	Mwll-
qaires that th physician. signed by the burial-transit burial, cremati		se to immediate couse (a), DUE TO, OR AS A set.	A CONSEQUENCE OF		
requires g physici n stgned e buriol-l o buriol,		ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)	
The low reattending hos been se as the h prior to	CERTIFICATION	a. DATE OF OPERATION 19b. CONDITION FOR WHICH		AUTOPSY?  ZOD. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ICIAN: The oritor of the office of the office of the original of the office of the off	MEDICAL CERT	G. ACCIDENT WAS UNDERLYING    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.     either, notify medical examiner)   P.M.		RY OCCURRED (Enter nature of injury in Part 1 or Part 2,	Item 18.)
PHYSICIAN: le hospitol or his certificate etoched for L Dept. of Heo	MED	IN HIRY OCCURRED 1214 PLACE OF INHIRY CAT	HOME FARM, STREET, FACTORY ) 215. LOCATION FICE BUILDING, ETC	Street or R.F.D. No City or Town	County State
Page 4 may be retained by the hospital or atter or EUNERAL DIRECTOR: After this certificate has director, page 3 should be detoched for use as should be filed with the State Dept. of Health prise and the should be filed with the State Dept.		2a. I certify that (I) (this haspital) attentions as the deceased alive an transcript causes stated above, (I) (we) (did) (did	ded the deceased from	in (my) (aur) apinian death occurred an the d	of 8, that (I) (we) last ate and have and from the
OR ATT De retoir URECTO e 3 sho		26 SIGNATURE Gerard Chevre	Ø AT	TTENDING MED. STAFF 22c	DATE SIGNED
PITAL OR I moy be ERAL DIR or, poge 3		2d. PHYSICIAN'S		le ADDRESS 121 CATTERNAITZ ST	ANNARRISMO.
ro Hospital Page 4 moy ro Funeral director, pog should be fi	230.	HRIAL CREMATION, 23b DATE 1/19/1968	P 23-NAME OF CEMETERY OR CREMAT	ORY Fren HWBPOLI	Skounty) (State)
VR A15 (4) 30M REV 1/68	24	NETAL DIRECTOR M. TAYLOR.	SONS HUNAPOUS	250. REC D BY REGISTRAS 1968 REGISTRAR	S SIGNATURE

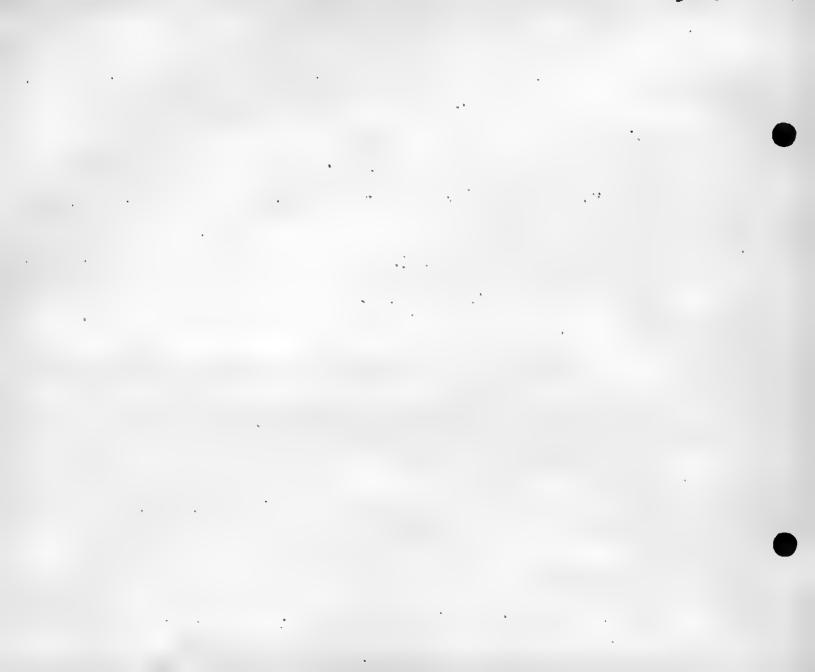


		MARYLAND STATE	DEPARTMENT OF HEALTH	
* ·	1.	00531 DIVISION OF VITAL RECORDS, 301 W. I	PRESTON STREET, BALTIMORE, MARYLAND 21201 TO OATIST	
		VUUGA CENTIFI	CATE OF DEATH	
	1/1/2	MAME OF DECEASED	2. DATE AND HOUR OF DEATH	_
	# # 一/2 年/V	be or Panti Rancoll Branco E	1-28-68-5:40 AM	0.4
1		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased ived, If institution; residence before adm. A. STATE  B. COUNTY	a sion!
	Z- : "	PLACE IN BALTIMORE, MARIEAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	
	the f	ULL NAME OF GENOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md. ANNE ARUNdel	
	S # S KHO	OSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D INSIDE CITY LIMITS?	
	by Person	OSPITAL OR ADDRESS OR LOCATION WE STREET ADDRESS OR LOCATION WAS STREET ADDRESS OR LOCATION WAS ADDRES	JESSUD YES NO L	
	4 h		E. STREET AND NUMBER	
	filled if	MILLERUS	MAPLE AVE P.O.BX19	
	within 24 haurs ely filled in by to ban papers. Pa			4.0
		MARKIED NEVER MARKIED		A Pirs.
	2000	M WIDOWED DIVORCED	Nov5, 1880 87	
	d completely fundom carban	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 1	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COL	UNTRYT
	and cond	one during most of working life, even if retired)	BALTO, Md. 26.S.A.	
	and and	MACHINEST	KIAR101 119. 413.41	
	physician	FATHER'S NAME	4. MOTHER'S MAIDEN NAME	
	D	P. Thomas	CONNER SUSAN	
	rti e ph	KAMSEY / POMAS	Commen	
	B BE 115.	was Deceased Ever in /U. S. Armed Forces?  es, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.	7. INFORMANT ADDRESS	7
	등 등 등	212-07-5254	MRS. SAMUEL NOR BEEK JESSUP, M	Id.
	Idw requires that the death certificate be executed nating physician and comples been signed by the attending physician and comples the burial-transit permit. Then please remove a stream of the property of the physician and the physicia	118. CAUSE OF DEATH	APPROXIMATE INTE	RYAL
	e e e		BETWEEN ONSET AND	DEATH
	that than the by the transit	DISEASE OR CONDITION DIRECTLY	Upper Presentary Troot by a 7 do	7 .
	the by	LEADING TO DEATH	The state of the s	1
	hysician gned by urial-tra	(This does not mean the mode of dying, e.g., DJE JO, OR AS A heart failure, asthenia, etc. If means the disease,	CONSEQUENCE OF:	:
	physic physic signe burial	injury or camplication which caused deoth.)	ien Impliment marked.	
	e Programme	ANTECEDENT CAUSES		
	the law reattending has been to as the	(8)	CONSEQUENCE OF	
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISEASES OR CONDITIONS, if any, giving nse to the obove cause (A) stating the	Par Via Wasalan	
	- M +	UNDERLYING CONDITION last.	Eliono Change	
	aspital of certificate hed far u	and the same of th	Brain France	
	<b>9</b> 海海型 2	Chimic.	Manua of	
	haspit s certil ached	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	The haspital the haspital this certific detached for this certific detached for the format of the thick th	DISEASE OR CONDITION GIVEN IN PART 1 (A).	Unnew 1965 10 Harry 28 196	0
	O # 1 8 1	22. I certify that (1) (this haspital) attended the deceased 17	19 68 and that In(my) (out) opinion death accurred an th	a dote
	by the free chart	that (1) (we) last saw the deceased alive an	19 62 and that in (my) (our) opinion beath accorded all the	ie gore
	ATENDING PHYSICIAN: stained by the haspital of CTOR: After this certificate should be detached for control of the control of t	and hour and fram the causes stated abave. (1) (We) (did) (did not) vie	sw the bady after death.	
	OR ATTENE be retained DIRECTOR: A ge 3 shauld	23A, SIGNATURE	ting 13 Med. Shoff 1 238. DATE SIGNED 68	
	Set of the A	Attent		
	Per 3	Stocker Phys	Director L. Phys L.	-
_	A P	123C.PHISICIAN 3	D. ADDRESS	H, D
-()	4 may NERAL I	PAIZADO V. GOCO, H.D 3	3366 HELSELENCE JOURN J' Y GALLI.	
10	HOSPITAL  sign 4 may  FUNERAL  ricertar, pag	DEGREE	AATORY 240- LOCATION (City, town, or county) (5	lole
17	Page 4 mx o FuneRA director, should be	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREM	land	
X	5 5 5 p	Burial Jan 31 Stevensville	Stevensville Maryland	
4 >	VR A1		2SC. FUNERAL DIRECTOR	1. 1
	30M REV 25	SA. DATE REC'D BY HEALTH DEPT. OCC 258, NAME OF REGISTRAR	Cial de dans - Mill	Ma
	1 0		Cardan or a family	1



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

E-Value					CERTIFICATE OF DEATH		00000
4 _ 74			CEASED-NAME Firs)	Middle	Lost	20. DATE OF DEATH	2b. HOUR
0 0		(1	ype or print) Alfon	·	Racia	Month 18 Doy	SYeor 623 M
		3. SE		4 RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 NRS
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within the fille bon poly, within	1	10, (	Loce Ment		during me	ost of working life, even if retired.)	INDUSTRY SUSINESS OR
smplet ve car event	4	13o odm	USUAL RES DENCE (Where decease ssion) STATE Md	d lived, if institution; Residence before		MISS 13e. STREET AND NUMBER	
ond caremo	4	14. [	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME F	irst Middle	Lost
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that the death certificate be on.  by the attending physicion or ransit permit. Then please ransation, or removal, and in			was deceased ever in US armi es, no, or unknown) (** yes give wo	or dates of service) 16b. SOCIAL SECURITY		Address Crown, 1	1. St Han Mil
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s PHYSI( the hospi this cert detached e Dept. o		J9WE	21d. INJURY OCCURRED 21e. I While Not while at work of work		CTORY, 21F LOCATION Street or R.F.D. No.	City of Town	County State
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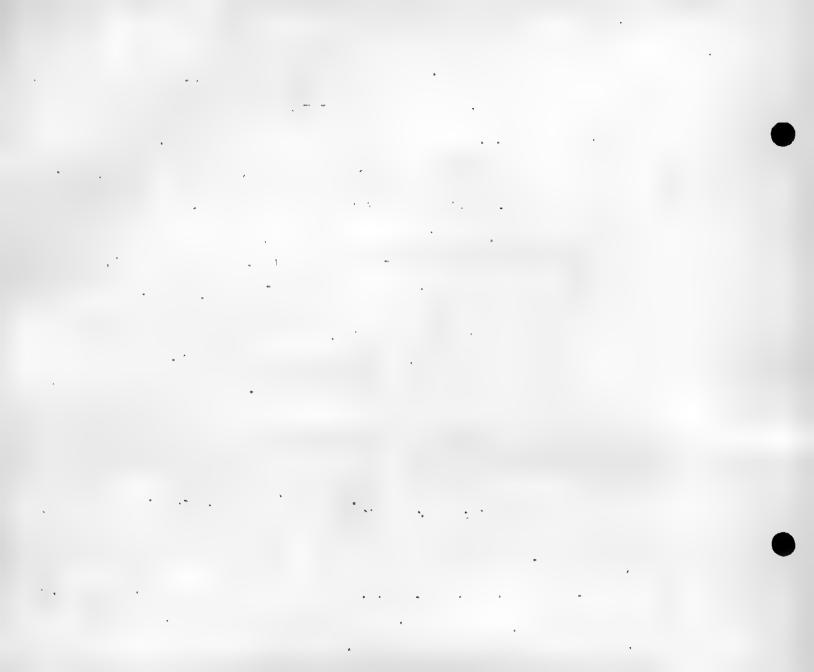


		MARYLAND STATE DEPARTMENT OF HEALTH	
1.		00203 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00201
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requires that the death certificate be executed within 24 haurs physician.  signed by the attending physician and campletely filled in bythe bung-transit permit. Then please remaye carban papers Post burial, crematian, ar remayal, and in any event, within 72 haurs	ξŒŲ	WIDOWED DIVORCED [	Z, Md.
ecuted within 24 hy campletely filled in bave carban papers by event, within 72 h	16	TTY OR TOWN OF DEATH  II. NAME OF HOSPITAL OR INSTITUTION (If not an haspital of usual OCCUPATION) (Kind at work done give street addless)  Guring food at working tite, even if retailed)	126 KIND OF BUSINESS OR INDUSTRY
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ertificate b physician iaval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES?  Jes, no, or unknown) (If yes give war at dates of service) (If yes	
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ODING d by the After the After the State		220 I certify that (I) (this haspital) attended the deceased fram Nov. 15, 19,67, to Jan. 14, 19 saw the deceased alive an Jan. 13, 19,68 and that in (my) Tourisopinian death accurred on the date causes stated above, (I) (we) (did) (did.pet) view the body ofter death.	68, that (I) Will last e and hour and from the
D HOSPITAL OR AFTENDIN Page 4 may be retained by D FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the Star		22b SIGNATURE 22c D/	ATE SIGNED
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TO HOSPITAL Page 4 may TO FUNERAL to director, page shauld be fill	230	NAME (Type) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	yegupge) State)
	24	FUNERAL DIRECTOR - 3 REGISTRAR'S S  FUNERAL DIRECTOR - 3 REGISTRAR'S S	IGNATURE ISLAND
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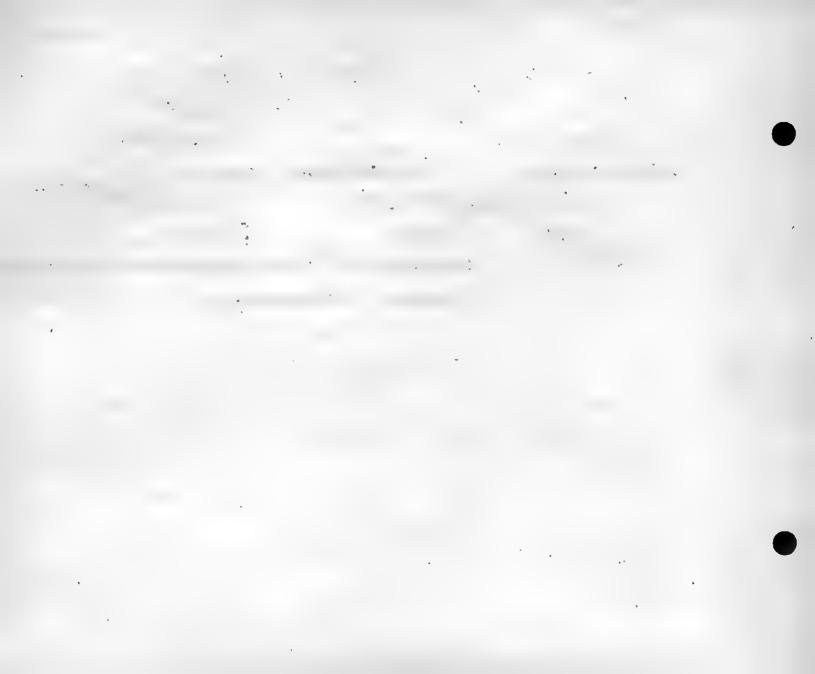


MAKTLAND STATE DEPAKTMENT OF HEALTM DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00204 00202 CERTIFICATE OF DEATH **DECEASED-NAME** First Middle Last 20. DATE OF DEATH 2b. HOUR signed by the attending physician and completely filled in by the uneral burial-transit permit. Then please remave carban papers. Pages hard burial, cremation, or removal, and in any event, within 72 haurs after death unera (Type or print) Month Doy Year Clvde E. Rinker 3:10 M January 4. RACE 6 AGE (In years IF LINDER I YEAR IF UNDER 24 HRS. afte 3. SEX S. DATE OF BIRTH lost birthday) DAYS HOURS MONTHS male white 8-8-99 YRS requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED country) Maryland U.S. WIDOWED [7] DIVORCED T-Anne Arunde 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done TO CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Glen Burnie North Arundel Hospital retired seaman MerchantSeama 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY YES [ NO Severn Maryland Anne Amundel 14 FATHER S NAME Last Middle 15 MOTHER'S MAIDEN NAME First Rinker Clara S Jennings Rearne Secern 17. INFORMANT 160. WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Address Yes, never unknown) (11 yes give war or dates of service) 296-10-9699 Lomax Brownlee BOM-360-H Rt.1 Marvland APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line/for (a), (b), and (c) ) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR Canditions, if only, which gave ) rise to immediate cause (a) DUE TO, OR AS A Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-tran shauld be filed with the State Dept. af Health priar to burial, crestating the underlying cause last THE TERMINAL DISEASE OR CONDITION GIVEN IN PART PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO ificate has been s far use as the b fHealth priar to b 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (Enter noture of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY ) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f, LOCATION Street or R.F.D. No. City or Town County State While Not while at work ot work 00 1968, to Mill 22a. I certify that (I) (this haspital attended the deceased from All 19 19 68 and that in (my) (aur) apinian deoth accurred an the date and haur and fram the saw the deceased alive ancauses stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATUR 220 DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Glan Burnio 204 Crain Highway Renjamir zman 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23a BUR AL, CREMATION, REMOVAL (Specify) 0 Glen Haven Memorial Pk Glen Burnie, Maryland 250. RECD BY REGISTRAR 24 FUNERAL DIRECTOR 30M REV 1/68 /Glen Burnie.Md. Home reral



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00205 00203 CERTIFICATE OF DEATH DECEASED NAME Middle 20 OATE OF DEATH 25. HOUR herol ong (Type or print) Month burial, cremotion, or removal, and in any event, within 72 hours after 4. RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS 24 hours one lost birthdoy) DAYS 136 MONTHS HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF COUNTRY? 8 MARRIED NEVER MARRIED country) filled in WIDOWED [ DIVORCED NAME OF HOSPITAL OR INSTITUTION (15 not up hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the deoth certificate be executed within during most of working life, even if retired.) INDUSTRY give street oddress) 13d INSIDE CITY LIMITS? LIRA CIDERS completely Where deceased lived, if nstitution: Res dence before 13c. CITY OR TOWN Mr. Dowie odmission) STATE YES 15 MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle and physician 160. WAS DECEASED FOR IN ITS ARMED FORCES? Address Yes, no. oznanknowa. ottending phys 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). CETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE QU signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse 1 CUV EL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been be detached for use as the State Dept. of Health prior to CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO [ O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us Page 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW-INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 19 60, to 1-19 68, and that in (my) (aur) apinion death occurred an the date and haur and fram the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the body ofter death. 22b SIGNAPUR 22c DATE SIGNED **ATTENDING** MED DIRECTOR DEGREE PHYS PHYS PHYSICIAN'S 22e. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL) CREMATION 23b DATE (State) (County) REMOVAL (Specify) 1-23-68 250 REC'D BY REGISTRAR **ADDRESS** REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BARTIMORE, MARKENDO 21201  CERTIFICATE OF DEATH  OCCUPY OF
Type or print    Edward   Ehart   Schad   1   Month 8   Doy   Yes 8   7   SA A
Company   Edward   Ehart   Schad   1   Model   Elign   1   Edward
S DATE OF BIRTH   S DATE OF BIRTH   S DATE OF BIRTH   S DATE OF BIRTH   S BATCH (In years as but which is the morning of the country)   S MARRIED   S DATE OF BIRTH   S BATCH (In years as but which is the morning of the country)   S MARRIED   S DATE OF BIRTH   S
Male White 6/7/84  To BIRTHPLACE (Stote or loreign fountry) Maryland USA  White 6/7/84  To BIRTHPLACE (Stote or loreign fountry) Maryland USA  IN AME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired.)  In CITY OR TOWN OF DEATH Annapolis, Maryland System of the store of the
BRITHPLACE (Flote or foreign country)  Maryland  USA  Windows D Divorced D Di
Maryland USA   WIDOWED   DIVORCED   Anne Arundel   M.
10. CITY OR TOWN OF DEATH   13. CITY OR TOWN OF DEATH
Amapolis, Maryland   221 Winchester Beach Dr. proprietor   Wholesle   30 USUAL RESIDENCE (Where deceased lived, if instrution: Residence before   32 CITY OR TOWN   130 USDEC CTUBITY   13
The state of the s
14. FATHER'S NAME    First   M ddle   Lost   IS MOTHER'S MAIDEN NAME First   Middle   Lost   IS MOTHER'S MAIDEN NAME First   Middle   Lost   IS MOTHER'S MAIDEN NAME First   Middle   Lost   Middle   Lost   IS MOTHER'S MAIDEN NAME First   Middle   Lost   Middle   Lost   Mary   Last name unknown   Address   Ves, no, or unknown   166. WAS DECEASED EVER IN U.S. ARMED FORCES?
John Schad Mary last name unknown  166. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) [1] yes give word or dote of service]  167. A Schad Mary last name unknown  168. Social security no.  17 Informant  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)  PART I DEATH WAS CAUSED BY.  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)  PART I DEATH WAS CAUSED BY.  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)  PART I DEATH WAS CAUSED BY.  19. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY?  YES NO CAUSES OF DEATH?
166. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 17 INFORMANT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) 18 CAUSE OF DEATH WAS CAUSED BY. 18 IMMEDIATE CAUSE (a) 19 PART 1 DEATH WAS CAUSED BY. 18 IMMEDIATE CAUSE (a) 19 DUE TO, OR AS A CONSEQUENCE OF 19 Canditions, if any, which gave per line for (a), (b) and (c).) 19 DUE TO, OR AS A CONSEQUENCE OF 19 DATE OF OPERATION 19b. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19 DEATH OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE ENDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Yes, no, or unknown)  Yes, or unknown  Yes, no, or
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20d. AUTOPSY?  YES NO WATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED  20d. AUTOPSY?  YES NO WATE FINDINGS CONSIDERED IN CERTIFYING  CAUSES OF DEATH?
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21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)  A Description of the contribution of the con
(If either, natify medical examiner) P.M. 1111  21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County State
21d INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County State of work of wo
220. I certify that (11) (this haspital) attended the deceased from 7/18/67 , 19 , to 1/8/68 , 19 , that (12) (we) la
220. I certify that (11) (this haspital) attended the deceased from 7/18/67, 19, to 1/8/68, 19, that (12) (we) la saw the deceased alive on 19, and that in (my) (our) opinion death occurred on the date and hour and from the
Causes stated above, (I) (we) (did) (did nat) view the body after death.
2256 SIGNATURE 2256 SIGNATURE DEGREE ATTENDING DIRECTOR D
DEGREE PHYS. DIRECTOR PHYS. 220 ADDRESS
NAME (Type) Stephen B. Hiltabidle, M.D. 121 Cathedral St. Annapolis, Maryland
230 BURIAL CREMATION, 23b DATE 23c NAME OF CREMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stole)
Burial (10/68 Baldwin Memorial Cem. Millersville A.A. Md.
24BENNERAL DIRECTOR FC HORDING ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE
WR Mad (4)  Hopping Funeral Home - Annapolis Md Date AN 10 1968 Charles Judge



	1020 DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201	10000
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00205
HEALTH DERF.)		Day Year 2b HOUR
ny deloy is 2, and 3 to PM3. Page cortmen of	(Type or Print) Robert Christian Schere DEATH MATED /	7 188 A N
deloy and 3 t M3. Pag	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF JMDER 1 YEAR IF JMDER 24 MRS 2c. DATE PRONOUNCED DEAD	2d HOUR
onc anc M3.	Month / Doy 7	A601 1662 W
2, 2, P.	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 1 9. COUNTY OF DEATH	
form form	Country) Baltimore, Md. U. S.A. WIDOWED DIVORCED	1. p. co M
Poges 1, 2, and 3 with form PM3. P Stote Deportmen	10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hosp to 12a USUAL OCCUPATION (Kind of work done	26 KIND OF BUSINESS OR
wi wi	give street oddress) Do A-North. Devno during most of working the even if retred	U. S. Govt
ang on a significant of the sig	130 USJAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY AM TS? 13e. STREET AND NUMBER	
hours offer death Item 18. Give Pog Office along with 10nd with the Sto	odm ssion) STATE Md. 13b COUNTY A. A. Co. Glen Burnie VES NOK Old Farm Road	]
1 hour ltem Office	14 FATHER S NAME First Middle LOSI IS MOTHER S MA DEN NAME First Middle	lost
	August Scherer Theresa Gresehofer	
hin 24 ncl in nner's poges hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	21061
d be executed within 24 d "pending" in pencil in Chief Med-col Examiner's transit permit. File pages y event within 72 hours	(Yes, no, or unknown) (Hyes give wor or dotes of service) None Mr. Howard H. Scherer Box 12 G1	en Burnie M
	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed anding in Medicol Extension in permit. Fix and within	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) 900-Shot-wound SRULL	
exe ndii Me nt v	955 X DUE TO, OR AS A CONSEQUENCE OF	hidden
be exe	Conditions, if ony, which gove	
ould vord ne Cf	rise to immediate couse (o), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be re word "per to the Chief- burial-fransit	lost, (c)	
a b a b	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(0)	
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hrs and be on ren	WAS PERFORMED?	YES NO.
	210 EXTERNAL CAUSE WAS 21b T ME OF IN. JRY Month Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item PRIMARY OR CONTRIBUTING 1	
VER: T certifice hou d b bles. should tion, or tion, or	CAUSE OF DEATH	
Mark He sh T fill		County State
EXAMINER ute the cer age 4 shou your files. 'Page 3 sho ', cremotion	WH. E AND WH. E AT WORK AT WOR	D.00 MD
recured Part for SR: 1	22a. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🗹, Inquiry 🖃	and in my apinian
To be	death resulted fram: Natural causes 🔲, Accident 🔲, Suicide 🔀, Hamicide 🔲, Undetermined manner 🛭	3
pleose directine retoine DIREC	CHIEF MEDICAL EXAMINER	
TY, ple rral d be rest prior	SIGNATURE	
EPUTY essony, funeral ay be SNERAL	DEDITY MEDICAL EVAMINED	7-68
	NAME (Type) E. LINDARCT ADDRESS(Street, city, town, or county)	7. B.CO.
5 g = ~ 5 = V		(County) (State)
C.K	REMOVAL (Specify) 1/9/68 Cedar Hill Anne Arundel Co	
M	24 FUNERA DIRECTOR Patapsco Ave. 21225 JAN 9 1968 PCLE	GNATURE Judge
VR A15ME (5)	I'll curred I where It were all and a state I'm a 1200 1	0

MAKTLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00208 00206CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost First 20 DATE OF DEATH 2b. HOUR 24 haurs after death. death (Type or print) Christine Scholtz TMM 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (in years IF UNDER , YEAR burial-transit permit. Then please remave carban papers. Pages ( burial, crematian, ar removal, and in any event, within 72 haurs afte lost birthdoy) OAYS HOURS Fem ale White 12-15-1874 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED Baltimore, Md. and completely filled in WIDOWED A DIVORCED [ Anne Arundel County Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street address) North Arundel during most of working life, even if retired.) INDUSTRY Glen Burnie, Md. Houseui fe Dun Hame 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before. | 13c, CITY OR TOWN 13d INSIDE CITY JIM-TS? 13e. STREET AND NUMBER The law requires that the death certificate be executed admission) STATE Maryl 13b COUNTY Glen Hurni 1603 Saunders May Arundel 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First last Lost John Jordon Hennrietta Moore physician 16b SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Mrs. Margaret j. Simmons Yes, no, or unknown) (If yes give war or dates of service) None Same 33 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) Lulle nse ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 may be retained by the hospital ar attending physician. stating the underlying cause Luche (1º PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to 7331 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO 🖂 YES 🗀 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County White Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 19 (aur) apinian death accurred an the date and haur and from the 22b. SIGNATURE 22c. DATE SIGNED MED DIRECTOR ATTENDING DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Baltimore, Maryland Dak Jawn Cemetery Bu**r**ía. 2So REC'D BY REGISTRAR 2Sb. REGISTRAR 5 SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Minney DATE A N 30M REV. 1/68 Singleton Funeral Home Glen Burnie, Md.



1, 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
		16203 CERTIFICATE OF DEATH 00207	
iftee death.	1.	a. Egynty  Hine Arundel  MARYLAND  a. STATE TY/ZIND B. EGYNTY  HINDE HILINDEL	
the think		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE.	
n 24 hr y filled papers		Kte. 3, Box 443   184. 3 130x 443   YES   NO DO	
ted within 24 hours completely filled in by ve carbon papers. Re event, within 72 hours		NAME OF DECEASED (Type or print) Reginald H. Scott OF OEATH 1968	,
xect and emo	5.	SEX 6. COLOR OF RACE 7. MARRIEO NEVER MARRIEO S. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HF    AUGUST   WIOOWED   DIVORCEO   PATION (Give kind of work done   10b. Kind of Business or   11. Birthplace (County & State, dyforeign country)   12. CITIZEN OF WHAT	!\$.
e be siclan and ii		Store Reper Utility Company England Country	
ertifica ding ph Then emoval		WALTER SCOTT	_
teath c atten sermit.	ď	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Zrene K. Sect Address 15. Social Security No. 17. INFORMANT Zrene K. Sect 2	_
that the death certificate be iician. ned by the attending physicla af-transit permit. Then please al, cremation, or removal, and		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSEO BY:  IMMEDIATE CAUSE (a).  ONSET AND OEATH  VALUE  ONSET AND OEATH	Ī
ohysici signed urial-ti urial-ti		Conditions, if any, which ) (b)	
r reguling I		gave rise to immediate cause (a), stating the underlying cause last.  OUE TO  (c)	
The law or atte ate ha use a use a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?  YES NOT	4_
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then ple should be filed with the State Dept. of Health prior to burial, cremation, or removal,	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.)	1
G PHYS by the h ter this e detac	MEDICAL	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURREO   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4   4   4   4   4   4   4   4   4	
TENDIN sined to DOK: Aft hould bould build		21. I certify that (I) (this hospital) attended the deceased from	ist ve.
OR AT DE ret DIRECT SEC 3 S SEC 3 S SEC 4 With SEC 4 WI		22a. SIGNATURE  Level Church  M.D. PHYS.   DIRECTOR   PHYS.   1/20/63.	
D HOSPITAL OR ATTENDING Page 4 may be retained by FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat		22c. PHYSICUN'S NAME (Type) GUARA CHORES 121 CATHON MAZ SI, HONARU	?
TO HO Page TO FU direct	23	RIFIS (Specify) 1-22-68 It Lincoln Bladensburg 19d.	
VR AI5 (4)	17	4. FUNERAL OIRECTOR ADDRESS (258. REC'O BY REGISTRAR) 250. REGISTRAR'S SIGNATURE ADDRESS (AN 2 3 1968) REGISTRAR'S SIGNATURE	
20M 1/65	1		





3 -X e l'interprése

MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00212 00210 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 26y 68° Paul SHAW January 5:20AM ofter burial-transit permit. Then please remave carbon papers. Page<u>s 1</u> burial, cremation, or remaval, and in any event, within 72 hours after 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS 6. AGE (in years last birthday) DAYS HOURS by Pop requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country .⊆ WIDOWED [ DIVORCED [ ANNE ARUNDEI filled IGCITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during infast of working life, even if retired.) INDUSTRY . 13a USUAL REGIDENCE (Where deceased lived, if institution: Residence before 3d INSIDE CITY LIMITS? 3e STREET_AND NUMBER admission) STATE 13b. COUNTY YES T NO 14. EATHER'S NAME Middle 15. MOTHER S MAIDEN NAME First and Last Middle 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, grunknawn) (II yes give war or dotes of sarvice) APPROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) signed by the burial-transit Conditions, if any, which gove ) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO | 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 226 SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY LOCATION (City or Jown) (County) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 25b. licylon VR A15 (4) DATE JAN 30M REV 1/68 TorotAl

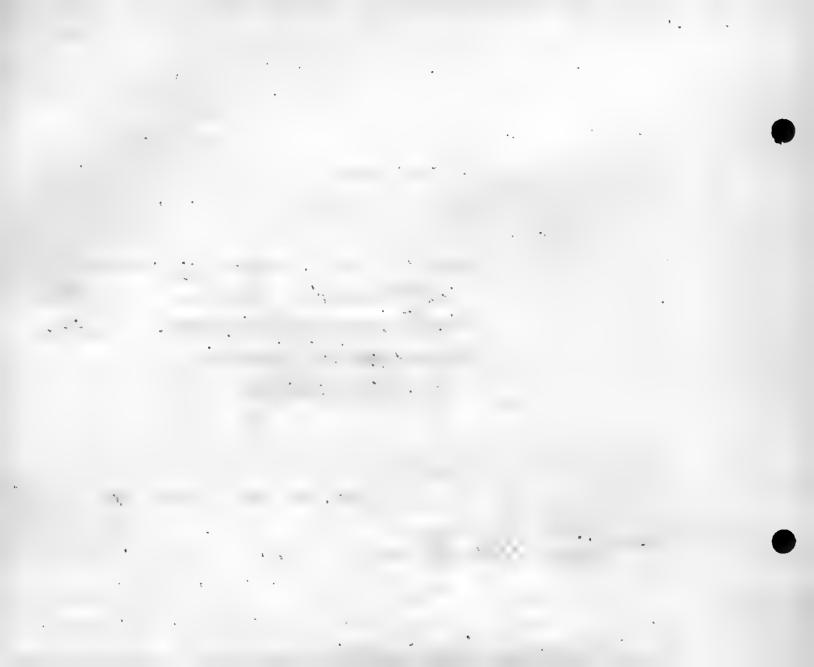
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	00213	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201		
	.,,,,,,,		CERTIFICATE OF DEATH		0021	1
	ECEASED-NAME First Type or print)	Middle	last	20 DATE OF DEATH  Month Do	Vone.	2b HOUR
	Char		SIMS	January 3	4 68gat	8:55AM
3. 5	male	4 RACE COL.	5. DATE OF BIRTH	6. AGE (In years lest berthday) YRS.	F JNDER 1 YEAR MONTHS DAYS	HOURS MIN,
	BIRTHPLACE (State or foreign ntry)	76 CIT ZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH		
10	CHTY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	WIDOWED DIVORCED	Anne Arunde		Md.
	mapol	give street address	U Lenous during m	ost worthing the, even if yet red)	125 KIND OF E INDUSTRY	SOZINEZZ OK
	USUAL RESIDENCE (Where deceas	ed lived, if institution: Residence before 13b COUNTY	13c CITY OR TOWN 13d. HISIDE CITY U	MITS? 13e STREET AND NUMBER	Zneu	St.
14	FATHER'S NAME First	(Middle Last	IS MOTHER'S MAIDEN NAME F	irst / Miadle	1,0	Last
4	Himes	Simms	Dlasa 10-6	ell. The	rner	
160	. WAS DECEASED EVER IN U.S. ARN res (107 ar unknawn) (If yes give w	IED FORCES? ar or dates of service) 214-05-0	V	Simmo 55	Calve	nt Ste
	18. CAUSE OF DEATH (Enter on	y ane cause per line for (a), (b) and (c)	1/ 6: 2/	/	APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIA		PONGE ORDIN KT.		-50	143
	Conditions, if only, which gave )	DUE TO, OR AS A CONSEQUENCE OF	invitencia a	onunala el		/
	rise ta immediate cause (a), (	(b)	1/031/ENWIS GI	CHERRITIECH		*****
	stating the underlying cause last.	(c)	,			
	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)		
×	1221X					
CERTIFICATION	196 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
ERTI	21a ACCIDENT WAS UNDERLYIN	G 215 TIME OF INJURY	YES NO NO	nature of injury in Part 1 or Part 2,	Itana 101	
MEDICAL (	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M Manth Day Year er) P.M.	9		tient 10.,	
芝	White Not while of work		CTORY.) 21f LOCATION Street at R.F.D. No.		County	State
	22a. I certify that (1) (th	s haspital) attended the deceas	ed fram	27, to 3, 19	68 , that	(I) (we) last
	causes stated abave	, (I) (we) (did) (did not) view the	body after death.	nion death occurred on the d	ote ona nour (	ona trom the
	22b. SIGNATURE		ATTENDING N	TED, STAFF 22c.	DATE SIGNED	1 6
	John	o d. Coll	N/13/DEGREE PHYS -E D	IRECTOR PHYS L	1-3-0	00
	22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS			
<b>2</b> 3a	BURIAL, (REMATION, 23b. 1	DATE 23¢ NAME OF	CEMETERY OR CREMATORY, / * * *	23 LOCATION (City or Town)	(ζουρίγ)	YSterel /
1	BURIAL, EREMATION, 23b. 1	8-1968 330	everNill	Mulein	Mes a	ME
24	FUNERAL DIRECTOR	ROOM HADDRESS	101/11/1	y REGISTRAR 25b REGISTRAR	SIGNATURE O	edan
1/1	1.1 1/1 1/1/1/1	W/ 4/2 mll /////	DATE .	V 1000 /	()	

MAKTLAND STATE DEPARTMENT OF HEALTH



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	19						CERTIFIC	CATE OF D					0021	
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S ter	4	3. SE			4 RACE			S. DATE OF BIRTH			6 AGE (In years last buthday)		UNDER 1 YEAR ONTHS CAYS	HOURS MIN
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hou in by	,	7a E	RIHPLACE (State or foreign Maryland	7b	CITIZEN OF WI			NEVER MARRIE	-VLJ	OUNTY OF	DEATH			
24 i	72					d States	WIDOWED	lu-ul		Anne	Arunde]			Md
	<u> </u>	10. C	ITY OR TOWN OF DEATH		nive -	AME OF HOSPITAL OR II	,	•	durina mast a	EUPATION F working	(Kind of work do	d.)	125. KIND OF E INDUSTRY	JUSINESS OR
with tery	317		Glen Burnie		No	rth Arund	el Hos	pital			ife, even if retire T		0wnHc	m æ b
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death stained by the hospital or ottending physician.  CTOR: After this certificate has been signed by the ottending physician and completely filled in by the fundral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2	avent	13a admi	USDAL RESIDENCE (Where de ssion) STATE Maryland	eceased 	13b COUNTY Anne A	ian Kesidence before		1 1/1	ES MO Z		REET AND NUMBER			
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ertif	DA0	VII				217-56-3		tty A. I	UZ TE	Seve	rn. Mar	yla	APPROXIM	ATE INTERVAL
4 in	rem		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er aniy c AUSED B	ine cause per 111 Y:	ne for (a), (b), and (a	16	10 H. J	21		-		BETWEEN ON	SET AND CEATH
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uire hysi gne	i.E.		PART 2 OTHER SIGNIFICANT	r condi	(C)(C)	ANG TO DEATH BUIL	NOT RELATED I	O THE TERMINA B	ISEASE-OR COND	ITION GIVEN	IN PART 1(a)		<u> </u>	
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The law ra ottending has been	State Dept. of Health prior to	CERTIFICATION						YES 🖂	NO		OF DEATH?			
or off	7 E		21a ACCIDENT WAS UNDER	RLYING	21b. TIME O	F INJURY	21c H	OW INJURY OCCUR		ure of injur	y in Part 1 ar Par	t 2, Iter	т 18.)	
iffice lifter	₹ 1	CAL	OR CONTRIBUTING CAUSE OF	F DEATH	HOUR A.M. P.M.	Manth Day Yea	19		1.	·			,	
YSI cert	₽ V	¥	21d INTURY OCCURRED		ACE OF INJURY	AT HOME FARM, STREET, F OFFICE BUILDING, ETC.		OCATION Street a	ır R.F.D. Na	City	ar Town		Caunty	State
DING PHYSIC by the hospi frer this certible deteched	J. B		White Not while at work			L OFFICE BUILDING, ETC.	1							
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ND SE P	e S		saw the decease	d alivi	e on	- 20	19/ on	d that in (my)	(acc) apiniai	n death c	iccurred an the	e date	and havr o	ind from the
E Si	± ,		causes stated ab	oave, (	l) (we) (did)	(did nat) view the	bady after	death.			1	00 - DA	Tr Cloubs	
OR ATTENDING PHYSICIAN be retained by the hospital SIRECTOR: After this certifica	<u>×</u>		22b, SIGNATURE	2 .	17/1		DEG CAS	REE PHYS	MED DIRECT		STAFF DHYS.	22C. DA	TE SIGNED ZO ~ C	5
o la page			22d. PHYSICIAN'S	3	·	2010	DEG	22e. ADDRES		IOK L	РН15.			7 0
RAL	- e		NAME (Type)					G.	len Bui	rnie,	Maryla	nd		
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for u	should be filled with the	23a	BURIAL, CREMATION, 2	23b DA1	F	23c NAME O	CEMETERY OF	CREMATORY	23	d. LOCATIO	N (City or Town)		(Caunty)	(State)
Pag A	S PS				3/68	1		hel Cem						(2.414)
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30W I	A15 (4) REV 1/68	S	ingleton Fur	un	at Home	HITEN HU	TUTE &	D D	DATE JAN	441	300		0	U



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and the same of th		00215	DIVISION 0	F VITAL RECORDS,				ORE, MARY	LAND 21201	0/	101401 14
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after set and	3 25	•	1		2.	DATE OF BIRTH		1	5. AGE (In years last_bighday)	MONTHS DA	AYS HOURS MIN
urs o Pag urs o	70.5	Female IRTHPLACE (State or foreign	Nec	WHAT COUNTRY?	10			COUNTY OF D	- 111	<u>}                                    </u>	
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d w letel	130	USUAL RES DENCE (Where decease	d lived, if instit	lution Residence before			I INSIDE CITY LIMITS		ET AND NUMBER		
cute we c	odmi	ssion) STATE Maryland	136 COUNTY	- 1	Baltim	ore Y	ES 🙀 NO 🗆	823	Sarato	ia St.	Apt.7
exe ema any		ATHER'S NAME First	Middle	Last	1S. A	IOTHER'S MAID	EN NAME First		Middle		Lost
be nar din din		Robe		Smi			La	ura		[	Gifford
ane ane	16g.	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY I		ORMANT			Address		
ohys en p	<u> </u>	Únknown		Unknown	Hos	pital	Record	ls, Cro	<u>วพกรvill</u>	e, Mar	ryland
ng P		18 CAUSE OF DEATH (Enter and	y one couse per								ROXIMATE INTERVAL EEN ONSET AND DEATH
eath Pindi ar r			BY: TE CAUSE (a)	Pneur	nonia						
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tho an. by tran		stating the underlying cause(	DUE TO, OF	R AS A CONSEQUENCE OF							
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IAN fical far far file		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.N	A. Month Day Year		INJURY OCCUR	ckep (elliel lie	note of injury	III S OFF T OF TOTAL	., Helli 10.)	
rsic aspir certi hed t. al	MEDICAL	(If either, natify medical examinated 11d. INJURY OCCURRED 21e	er) P.N PLACE OF INILIR	Y (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC		TION Street (	or R F D. No.	City o	r Tawn	County	State
bing PHYSICIAN: The law reby the haspital ar attending After this certificate has been be detached far use as the State Dept. af Health priar to		White Not while at work of work		OFFICE BUILDING, ETC	1	311001 0	DI 1611 101 160	411	1 1000011		0.0.0
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ND ND ND ND ND ND ND ND ND ND ND ND ND N		saw the deceased at	ive an	11/ 1	968 and t	hat in (my)	(aur) apinio	ın <mark>de</mark> ath ac	curred on the	late and ha	ur and from the
TO TO THE PARTY OF		causes stated above	(We) (aid	(did bot) view the	bady affer de	arn.			100	c. DATE SIGNED	
OR ATTENDIN be retained by DIRECTOR: After 19 3 should be ed with the Sta		ZZO. SIGNATORE	Much	MA	DEGREE	ATTENDING PHYS	☐ MED DIRE	CTOR 🗷	STAFF   "	1/12/6	
VL O V by		22d. PHYSICIAN'S			Brown	22e. ADDRES	SS				
Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to		NAME (Type)	Benedi	ct, M.D.		Crown	nsville	Stat	e Hosp.,	, Mary.	and
HOS Be 4 FUN Fecto	230	BURIAL, CREMATION. 23b. I	ATE /	23C NAME OF	CEMETERY, OR CR	EMAJORY		3d. LOCAT ON	(City, ar Town)	(Caunty)	(State)
5 5 1 ig 48		- MULLICE III	19/6	8 1261	CIM	bur		124	Al-unor	e,m	( 1
VR A15 (4)	24.	FUNERAL DIRECTOR , /-	1/	ADDRESS	11/2	5972	So. REC D BY R	egistrar 25 19	25b. REGISTRAN	SSIGNATURE	udge
30M REV. 1/68	-	Maries 1	2 1/1	Cl 601	V' Na	me 1	DATE JAN	2 5 19	40	0	0



, 1	0004		IND STATE DEPARTMENT OF		
	00216 It	em 10 & 11 Film G	S, 301 W, PRESTON STREET, BAL CERTIFICATE OF DEATH	IIMOKE, MAKILANO 21201	00214
	DECEASED NAME Firs		SMI TH	2a. DATE OF DEATH Manth Day	Yeor 26 HOUR
3	SEX	4 RACE	S DATE OF BIRTH	6 AGE (In years	1968 M TEUNDER I YEAR   F JINDER 24 HRS
	Male	White	May 13, 19	ast hathday\	MONTHS DAYS HOURS MIN
7a	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
	Virginia	U.S.	WIDOWED DIVORCED	Anne Arundel Co	
	Brooklyn Park	give street address)	wood Road Cha	JAL OCCUPATION (Kind of work done nast af warking afe, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY A1 11 ine
	USUAL RESIDENCE (Where decemenssion) STATE Marrial and	osed lived, if institution. Residence before 13b. COUNTY Anne Arun.	re 13c CITY OR TOWN 13d INSIDE CITY		d Rd
14.	FATHER'S NAME First	Middle Lasi			Lost
1		A. Smlth	Ida		1421
	a. WAS DECEASED EVER IN U.S. AF	RMED FORCES?  e war or dates of service)  16b. SOCIAL SECURI		Address	_
	Yes, no or unknown) (If yes give		Rebert M. Smi	th - 4911 Breekwee	d Rd.
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	on y one couse per line far (o), (b), and	(c) }	0 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMED	DIATE CAUSE (0)Cercoro	rascular acced	ent	unstantann
	T '	DUE TO, OR AS A CONSEQUENCE			4+11
	Canditians, if any, which gave rise to immediate couse (a).	h1 1 7 70	negu		Trye.
L	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF .		
П	DADE OF OTHER SIGNIFICANT OF	) (c) DEATH DUT	NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION COURS IN DART 16-1	<u> </u>
ı	PART 2. OTHER SIGNIFICANT CO	UNDITIONS COMPRISORING TO DEATH BUT	NOT KELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(8)	
NOIT	190. DATE OF OPERATION 191	b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20g. AUTOPSY?	20b IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
CERTIFICATION		The state of the s	YES NO [	CALICIC OF DEATHS	
		ING 216 TIME OF INJURY	V	er noture of injury in Port 1 or Port 2, It	tem 18)
MEDICAL	OR CONTRIBUTING CAUSE OF DE				
MED	21d INJURY OCCURRED 21 White Nat white at work		FACTORY.) 21f LOCATION Street or RFD N	a. City ar Town	County State
	22a   certify that (1) (t	this hospital) attended the dece	nsed from Cenul 30 19	63.10 James 3 19	68 that (I) (we) Ins
	saw the deceased	alive an January 3	ased fram Cond 30, 19 19 68, and that in (my) (our) o	pintan death occurred on the dat	te and havr and fram th
		ve, (I) (we) (did) (did nat) view t	ne bady after death		LITE CLOUDE
	226. SIGNATURE	M. Kriege I	ATTENDING PHYS	MED CTACE	pate signed muary 4, 1968
	22d PHYSICIAN S	. Merten Krieger	22e. ADDRESS	Hammends Lane, Bal	
22			OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
23	C.J (C.J (C.		eland Memerial Park		, ,,
24	FUNERAL DIRECTOR	ADDR	ESS 250 REC D	BY REGISTRAR 256 REGISTRARS	SIGNATURE
G	eerge J. Gence	-4001 Ritchie Hgw	y., Baltimere DATEJA	N 9 1968 Action	was Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00217 00215 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2n. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) CRAGGS MINTERSON 6:00FM SMITH Januarv 3 SEX 4 RACE IF UNDER 24 HRS 5 DATE OF BIRTH 6. AGE (In years RE UNDER I YEAR last hirthday) April 1909 White Female YRS haurs 7b. CITIZEN OF WHAT COUNTRY? 3 To BIRTHPLACE (State or foreign 8. MARRIED THE NEVER MARRIED 9 COUNTY OF DEATH director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 h .⊑ Severn, Maryland U.S.A. DIVORCED [7] WIDOWED [ Anne Arundel filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) INDUSTRY_ campletely Severn ПΧ 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE. 13b, COUNTY YES 🖂 NOUT 181 Arundel Severn 14 FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First Middle Middle gud Smith Hattie Anne Winterson Basil physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yesang, or unknown) Thelma Smith -Severn. Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), BETWEEN DISET AND DEAT PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO TO YES 🗀 TO FUNERAL DIRECTOR: After this certificate OR ATTENDING PHYSICIAN: 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 218 PLACE OF INJURY 21d INAJRY OCCURRED State City or Town County While Nat while at work 220. I certify that (1) (this hospital) bitended the deceased from. 192 X, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased glive on couses stated above, (1) (we) (did not) view the body after death. 22b. SIGNATUS 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE (Stote) 23g BURIAL CREMATION. REMOVAL (Specify) 22/68 Smith Family Cemetery ADDRESS 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Robert P. Ware VR A15 [4] 30M REV 1/68 Rinoleton Funeral Home/Glen Ru**rnie.** Md/



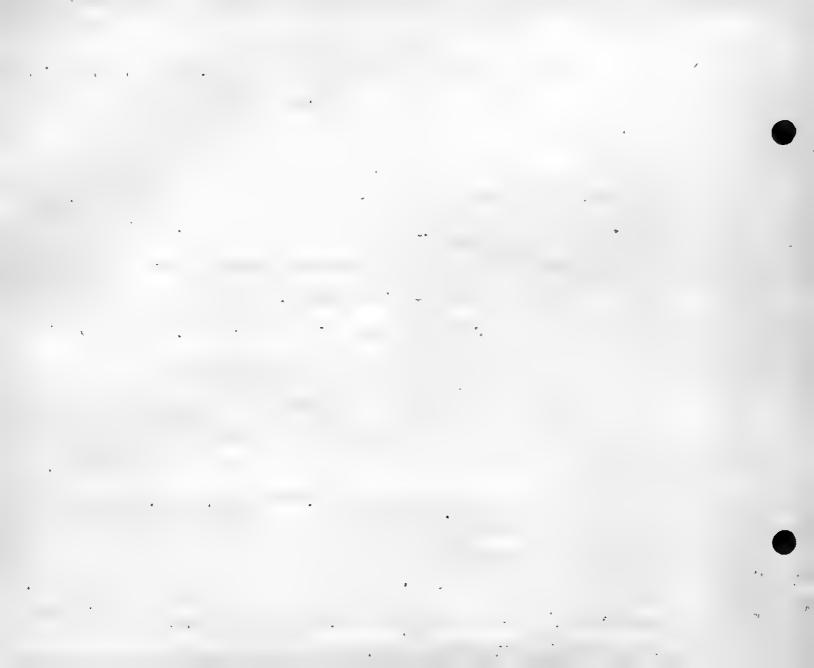
n 1 (//2	11	MARTIAND STATE DEPARTMENT OF HEALTH
1	1/	00218 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH-DEPT.		DECEASED NAME First Middle Last 20 DATE KNOWN Month Day Year 2b HOUR Type or Print)
× 3 8 3 3	,	Type or Print) FRANK Nelson Suith DEATH MATED 113 68 M
	3. 5	EX 4. RACE S DATE OF BIRTH 6 AGE (In years 1) UNDER I YEAR 15 UNDER 24 HRS. 2c DATE PRONDUNCED DEAD 2d. HOUR
		Make (ellipte 2-10-96 last birthology) MONTHS DAYS HOURS MAIN Month Doy 13 Year 1868 M
2, or PM?	70	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
De 3 -	cour	
r death Tny ve Pages 1, 2, 9 with farm Pl	10	
Page vith	1	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUT ON (if not in hospital ) 120 USUAL OCCUPATION (Kind of work done ) 12b Kind Of Business OR during most of working life, even if retired.) INDUSTRY
o we the	/	TANZEOIS OUH-FINNE FREINTER U.S. GOVIE
事 章 电		USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN) 13d INSIDE CITY LM 152 13e STREET AND NUMBER
s after 18. Gr e alanç 2 with death	L°	Idmiss on) STATE Mary/3 at 36 COUNTY AACE. RIVA YES NO 10.0. By 1- Region
haurs after death Item 18. Give Pages Office alang with fai 1 and 2 with the State	14. 1	FATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First Middle Lost
1 of 1 of		Unknewn Unknewn
hin 24 notl in niner's Magilis hours	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT 1 A 1 ADDRESS BOX 7
mir mir	(,	(18 no. or unknown) (18 yes give wager doles of service) unknown Mrs. Sarah M. Kiturakis Riva Md21140
Exar Exar File	-	
xecuted nding 'ii Medical ■ermit. if withir		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART I, DEATH WAS CAUSED BY
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ord ord e C l-tr		stating the underlying cause \ DUE TO, OR AS A CONSEQUENCE OF
shauld be e ne ward 'per ta the Chief ; burial-framsit		<u>last.</u> )
te the table and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
os la constant de	_	4300
certifi writh grwar maval maval	1	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 ALTOPSY?
This certificate should be executed within 24 hours after death licate, writing the word 'pending' in pencil in Item 18. Give Pagi be forwarded to the Chief Medical Examiner's Office along with it be meed as a burial-transit permit. File magins land 2 with the Starr removal, and in any event within 72 hours after death	200	WAS PERFORMED?
MINER: This certificate should be executed within 24 hours after death the certificate, writing the word pending in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form in tiles.  B. Should be mest as a burial-framet memit. File magins land 2 with the State De smotion, or removal, and in any event within 72 hours after death	CERTIFICATION	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
NER: Tertification bould by the state of the		PRIMARY OR CONTRIBUTING HOUR A.M
INER. should should tiles.	MEDICAL	CAUSE OF DEATH P.M. 19 21d NJURY OCCURRED 21e PLACE OF INJURY (At name form, street, 21f LOCATION Street or R.F.D. No. (ity or Town Caunty State
	1	WHILE MOT WHILE & factory, office building, etc.)
7 01 - 4		
please exerual director. Pagretor. P	1	22a   certify that taok charge at the remains described above, held an Autapsy, Inspect an, Inquiry, and in my apinian
director.		death resulted from: Natural causes 🖾, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲
direct direct retains	1	CHIEF MEDICAL EXAMINER
g		SIGNATURE
EPUTY SSary, funeral oy be r IMEMAL		EXAMINERS 1-1 DEPLTY MEDICAL EXAMINER 11.3168
TO DEPUTY necessary, properties and be reformed to runteral No runteral Health price		NAME (Type) Lhubar (If ADDRESS(Street city town, of county) Affect
o D S m	230	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
		BURIAL Jan: 17 1968 Cedar Hill Cemetery Suitland, Md.
	24.	FUNERAL DIRECTOR ADDRESS 5/7/1/55/50 250 RECD BY REG STRAR 250 RECLIBERAR'S GNATURE
VR A15ME (5)		W. W. CHAMBERS CO. INC. Wash DC. ONJAN 18 1968 former July



-topt		AND STATE DEPARTMENT OF HEALTH	
(h 1)	00213 DIVISION OF VITAL RECORD	OS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
(IVI)	100213	CERTIFICATE OF DEATH	00217
£ 02	1 DECEASED NAME First Middle	Lost 2a DATE OF DEATH	2b HOUR
er death funeral s 1 and ter death	(Type or print)	SNOWDEN January	600y 1968 3:45 M
une d	3. SEX 4. RACE //	S. DATE OF BIRTH 6. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.
ifter fees es	Dec 30	3. DATE OF BIRTH (1) ASS (III Year)	MONTHS DAYS HOURS MIN
S # D S	Julian Cole	10-25-1110 157	YRS.
hours of hours of hours of hours	70 BIRTHRIACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
4 in 50	1 7/1/4 1/10/74	WIDOWED DIVORCED Anne Arund	el. Md.
hin 24 hours after filled in by the filled in propers. Pages ithin hours after	10. CITY OR TOWN OF DEATH 1 7 1 NAME OF HOSPITAL OR	CHASTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work	
vithin son pa	give street oddressy y	Al Cast 11010 during most of warking life, wen'if reti	red.) INDUSTRY
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requires that the death certificate be executed within 24 hours after death a physician.  I signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers, Pages 1 and 2 a burial, crematian, ar remaval, and in any event, within	admission) STATE 1 13b. COUNTY	YES NO 1048AN	tem ave
ny dec	, 14 EATHER'S NAME First Middle Las	t 15 MOTHER'S MAIDEN NAME First Mid	idle / / tost-
du du	1 4 10 14 ps H 13 VIL	11 to Elmahotti	HALL
icate be /sician o please II, and ir	160, WAS DECEASED EVER IN L. S. ARMED FORCES? 116b SOCIAL SECURI	ITY NO. 17 INFORMANT Addr	ress
ertificate b physician en please aval, and i	Yes, na, ar unknown) (If yes give war or dates of service)	7000 AP 22102 En 11/2021 000 101	180 Ten 119
Physical Phy	Menta	-102/19a1 asie Rife 10 cccit jeg	APPROX MATE INTERVAL
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end mit.	IMMEDIATE CAUSE (a)	Mugaling Calma	- /- L day
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t th the sit p	Conditions, if any, which gove is to immediate cause (a),	remain That the	an h.
tha in. by an	stating the underlying cause DUE TO, OR AS A CONSEQUENCE	OF	
equires that the physician. signed by the burial-transit burial, cremati	lost. (c)		
original distribution of the control	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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law indin beer s the	19g DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS	S PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FIND	DINGS CONSIDERED IN CERTIFYING
IAN: The law related or attending if ficate has been sfar use as the killealth priar tab	199 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS	YES NO CAUSES OF DEATH?	
a se	216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY	21c, HOW INJURY OCCURRED [Enter nature of injury in Part 1 or P	Part 2 Item 181
Figure 14N	GO CONTR BUTING CAUSE OF CEATH HOUR A.M. Month Day Y		2, 1011 101
SICL spitc ertifi ed f		19 FACTORY.\ 21f LOCATION Street or R.F.D. No. City or Town	County State
PHYSICIAN: The hospital or this certificate letached far us Dept. of Healt	2 21d INJURY OCCURRED 2 b. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town	County State
ATTENDING PHYSICIAN: retained by the hospital or ECTOR: After this certificate is should be detached for us with the State Dept. of Hea	at work at work		
Set of N	22a. I certify that (I) (this haspital) attended the dece	ased from 19 Go	_, 19_4, that (I) (we) lost
A Person	sow the deceased alive on causes stated above, (1) (we) (did)(did nat) view to	19and that in (my) (aur) apinion deoth accurred an the	ne date and nour and from the
T in or of the	22b. SVBNATURE	ne body dire; dedin.	22c, DATE SIGNED
~ E iii 3	Then make	DEGREE PHYS. DIRECTOR DISTAFF DIRECTOR	1 ( (0)
L OI ber DIR	22d. PHYSHIAN'S	22e ADARESS	1-0-00
RAI Pe le le	NAME (Type) = M S 14/ PL)	EV MANNEY C	ii, my
OSP 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	CO PURCH COSMAZION DON DATE	OF CENTERS OF CONTRACTORY	diameter (State)
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 3 should be filed	230 BURIAL CREMATION, 23b. DATE 23c NAME	OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town	(County) (State)
5- 5-2	X) 11. 11. 12. CO 1 - 9 - 1 1-08 12. C	RESS 256, REC'D BY REGISTRAR 256, REGIS	STRAR'SIGNALURE
VR A15 (4) 30M REV, 1/68	24. FUNERAL DIRECTOR ADDR	1 2NA MA SAN 9 COM	are Judge
3UW KEV. 1/68	Mulling Court 16	LEVITICA MENT & MOO	4 4



				0.000		D STATE DEPARTMENT OF H		
		2000	7	THE SELL D	IVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIA	NORE, MARYLAND 21201	00010
,		1		tems 5 & 17 Film	1 G397 1/26/68 kk	CERTIFICATE OF DEATH		00218
1	<u>-\$_</u>			CEASED-NAME F rst	Middle	Lost	20. DATE OF DEATH	2b. HOUR
-	de al de			PAUL	WILLIAM	STEINHAGEN	JANUARY 12	1968 1915 M
4	offer d after d		3 SE	X	4 RACE	5 DATE OF BIRTH	1897 6. AGE (In years lost birthday)	IF UNDER I YEAR IF JINDER 24 HRS MONTHS DAYS HOURS MIN
1	s aff			MALE	CAUCASIAN	FEBRUARY 11,	1997 70 YRS.	MURITS OATS ROOKS MIN,
	aur:		7o. E		CITIZEN OF WHAT COUNTRY?	8. MARRIED A NEVER MARRIED 9	COUNTY OF DEATH	
	24 hod in pers.		$oxed{oxed}$	WISCONSIN	U.S.H		ANNE ARUNDEL	Md.
	filled pape thin 72		10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street oddress NAV AL		OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	with ban ban	2	L	ANNAPOLIS	gw sheel ou NAVAL		st of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY USN
	ed car car		13o. odma	JSUAL RESIDENCE (Where deceosed ission) SMIRRYLAND	fived, if institution: Residence before	13c CITY OR FOWN 136 INSIDE CTY LIM		
	ecuted with campletely lave carbar y event, wi	t			136 COUNTINE ARUNDEL	ANNAPOLIS YES X NO	- 107 600111 011	ERRY GROVE
	and rem	1	14, £	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME FIR	st Middle	Lost
	be or per series			<b>GUSTAVE</b>	STEINHAGE	N MARGARET	NUNN	
	ertrficate be physician c ien please aval, and ir			WAS DECEASED EVER IN U.S. ARMED es, no or unknown)	FORCES? 166 SOCIAL SECURITY N	10. 17 INFORMANT, COCILLA	Address	#13
	phy en ava		L,	JEZ MMI	-111	MECIVEE DI	EINHHYEN	APPROXIMATE INTERVAL
	ne death cer attending p permit. The			18. /CAUSE OF DEATH (Enter only on PART I, DEATH WAS CAUSED B	ane cause per line for (a), (b), and (c)		'	BETWEEN ONSET AND DEATH
	end end mit.			, IMMEDIATE		SCULAR ACCIDENT		
	he c per jan,			126.0	DUE TO, OR AS A CONSEQUENCE OF			
	the the nsit p			Conditions, if any, which gave a rise to immediate couse (a),		<u>ON AND GENERALIZED A</u>	ARTERIOS CLEROS IS	
	tran			stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
	physicic signed burial-th			lost.	(c)			
	r required physical p		z	PART 2 OTHER SIGNIFICANT CONDI	DIABETES ME	OT RELATED TO THE TERMINAL DISEASE OR CO ELLITUS	NDITION GIVEN IN PART 1(o)	
	law bec ss ff	V	CERTIFICATION	190. DATE OF OPERATION 196. COI	NDIT!ON FOR WHICH OPERATION WAS PER	REORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
	The atternation has see of the plane.	X	픮			YES NO	CAUSES OF DEATH?	
	N: A: are are eath			210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2, It	em 18.)
	ital of the of H		MEDICAL	OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner)	HOUR A.M. Month Doy Yeor P.M. 19			
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filled with the State Dept. at Health priar ta burial, crematian, or remayal, and in any event, within 72 hours after deal	0			ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	TORY ) 21 LOCATION Street or R.F.D. No.	City or Town	County State
	NG the the control of	N		22g Leartify that (1) (this	hasnital) attended the decease	od from 2 DECEMBER 19 6	7 to 17. JANUARY 19 6	58 that (I) (wa) last
	Aft Aft d b d b e St	12		saw the deceased aliv	e an 1915 14 JAN. I	od fram 2 DECEMBER, 19 6 968, and that in (my) (aur) apin	ion death accurred an the dat	e and haur and from the
	OR:	24		causes stated abave, (	l) (we) (did) (did nat) view the l	bady after death.		
	FECT SHEET			22b. SIGNATURE		ATTENDING (V) ME	D. STAFF - 22c. D.	ATE SIGNED
	be See See See See See See See See See S	1		14.10	meny	DEGREE PHYS. LAN DIR	D. STAFF RECTOR PHYS.	
	HOSPITAL OR ATTENDING ge 4 may be retained by t FUNERAL DIRECTOR: After rector, page 3 should be con	,		22d PHYSICIAN'S NAME (Type) W. P. 1	ARENTZEN, CAP MC	USN 22e. ADDRESS NAV	AL HOSPITAL, ANNA	APOLIS, MD.
	HOS Be 4 FUNI Certo		<b>2</b> 30.	BURIAL, CREMATION, 23b. DAT	E · 23c, JNAME OF J	CEMETERY OR CREMATORY	23ds, LOCATION (City of Town)	(County) / (State)
	5 5 5 F 2		T	SEMOVANISONOIN /-	18-68 NAVAL	HCADEMY	HNUAPOLIS H	H. MD.
	VR A15 /4	4)	24.	FUNERAL DIRECTOR 14 ( )	ADDRESS	2So. REC'D BY		GNATURE (1
	30M REV. 1.	/68		JUSTATION &	SONS, KNWAPODIS,	MDO DATE JA	N 16 1968 File	arily Judge



3_1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00219
HEALTH DEPT.		PECEASED NAME First Middle Last 2a DATE KNOWN Month	Day Year 25 HOUR
3 to 3 to 5 to 6		LITTE PA STEWBET DEATH MATED 1	7 1968 PM
	3 5	lost birthday) MONTHS DAYS HOURS MIN Month Day	Year 1968 PM
200	7a	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH	14- 1 N W
form form	cour		NDe Md.
fer deoth Give Pages and with far the Stote lith.	10 (		126 KIND OF BUSINESS OR INDUSTRY
offer death S Give Page olong with the Steedalh.	150	USUAL RES DENCE (Where deceased lived, if institution Residence before 13t CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
hours ofter Item 18 Gr Office olong Iond 2 with after death,			chuseTIS AVE
24 hours in Item 11 ris Office es 1 ond 2 ris after d	14 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 nid in 1 niner's ( poges 1 hours c	Ián	Herber DIMERY UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? (166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
be executed within "pending" in pencil nief Medical Exomine ansit permit file pogeevent within 72 hou		(es, no grynknown) (Hyes give war or dates of service) ERNEST STEWART, SAM	e 15 /3
scuted withing in perdical Exon		18. CAUSE OF DEATH (Enter any one cause per line for (a) (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuternding: Medical permit		PART I. DEATH WAS CAUSED BY IMMED ATE CAUSE (0) Kulliple Infuree's	denden
be exe "pendi nief Me ansit pe event		Canditians, if any, which gave )	
ould b word " he Chi ial-trar any e		rise to immediate cause (a) (b). stating the underlying cause (DJE TO, OR AS A CONSEQUENCE OF	
should be en word "per a the Chief I burial-transit I in any ever		last. (c)	
ficate ing the ded 1 as o 1, and	2	PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certification with the contract of the certification of the certificatio	FICATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
This ficate, be for or rel	CERT FI	210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month Day, Year 21c HOW JMTURY OCCURRED (Enter notive of injury in Port Lar Part 2, Ite	YES NO NO
NER: T certific hould b les. shauld stion, or	MEDICAL (	PRIMARY JOR CONTRIBUTING HOUR AM. 1-4 1968 Struck by auto	ord Tas. j
KAMINER: te the certi ge 4 should your files. age 3 shau cremotion,	P. P	21d N. HRY OCCURRED 21e PLACE OF INJURY (at home form street 21f LOCATION Street or R.F.D. No.	County State
137 m 27 m C		AT WORK AT WORK A Hugher any Leade 2	M. Co. ml
<u> 그</u> 할 때 진 <b>살</b> 으 ·		220 I certify that I took-charge of the remains described above held on Autopsy, Inspection, Inquiry death resulted from: National Courses, Accident, Suicide, Homicide, Undetermined manner	and in my opinion
pleose durecto retained		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   22b. DATE:	
o DEPUTY DICA necessory, please exthe funeral director. 5 may be retained to EUNERAL DIRECTOR Health prior to burner		EXAMINER'S NAME (Type)  Fig. 6 April 1	1-4-68
TO DEPUT necessory the funers 5 moy be 70 FUNERA Health p	230	NAME (Type)  ADDRESS (Street, city, town, or county)  BURIAL (REMATION, 23b DATE, 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town)	(County) (State)
1		BURIAY 8 JAN 68 Ridgewood Cemetery North ANDER	ier MASS
VR A15ME (5)	24.	FUNERAL DIRECTOR  APPORESS  Med 250 REC'D BY REGISTRAR 256 REG STRARS  FURENLEY FUNERAL HOME GIEN BERNELDATE AN 9 1968 POLICY	SIGNATURE
10M REV 1/68		MIRKLEY FUNERAL Home Glen Birying DAVAN 9 1968 Charl	The fact of the same



					ND STATE DEPARTM					
		00222	DIVISIO	N OF VITAL RECORD	S, 301 W. PRESTON ST		RE, MARYLAND 21	201	0220	
(IVI)					CERTIFICATE OF				70220	
# = #			First	Middle <b>E</b> .	STOKES	20	DATE OF DEATH Month	20	68	2b. HOUR
deat deat	3. Ši		4. RACE	2.	S. DATE OF B	IDTU	6. AGE (In ye			E UNDER 24 HRS.
atter atter	3. 3	^ M.		legro	March					HOURS MIN
by the Page		BIRTHPLACE (State or foreign		OF WHAT COUNTRY?	8 MARRIED NEVER MAR		OUNTY OF DEATH	rka,		
4 ho 1 in 22 h	蹭	ito., Md.	U.	S.A.			A.A. CO.			Md.
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the haspital ar attending physician. It is certificate has been signed by the attending physician and completely filled in by the fuerful stacked far use as the burial-transit permit. Then please remave carban papers. Pages 1 and Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after-death.	10. 0	ITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR	INSTITUTION (If not in hospital		CUPATION (Kind of war		126 KIND OF BUINDUSTRY	JSINESS OR
with ely ban wit		Pasadena		Box 3acs)Rt	1 014 Mill		Gardner	,	INDUSTRY	
ted iplei		USUAL RESIDENCE (Where dission) STATE Md	eceased lived, if 13b. CO	Institution: Residence befo	re 13c CITY OR TOWN	13d PHSIDE CITY LIMITS?  YES NO SE	Rt 1 Bo		OLA M	431-
xecu cam nave	1/	FATHER'S NAME First		A.A. CO.	ITS MOTHED'S M	AIDEN NAME First		ıddle	Old M	lost
and and in all	14.		MES	E. STOKES		EMMA	E.		DORSE	
ate l cian ease and		WAS DECEASED EVER IN U.S					Ad	dress		
tifica thysi n pl val,		'es, na, or unknown) (If ye	s give war or dates of se	VK6) 213-01-	2344 Mrs. (	Grace B	Stokes	Old	Mills	
ng p The		18. CAUSE OF DEATH (Ent	ALGORITH DAG		_ / / /				APPROXIMA BETWEEN ONS	ET AND DEATH
eath mit. ar ra		PART 1. DEATH WAS C	MEDIATE CAUSE (o	GENERAL	IZED CARO	I NOM A	10515		UNKN	OWN
he d perr jen,		Conditions, if only, which o		O, OR AS A CONSEQUENCE	OF ESOPHAL	our los	. 1-1-116 - 51	1		/
at the hasit mail		rise to immediate cause	(0).	b) L ARCINON	MA FROGITTI	207 (341	JAMOUS CI-C	<u></u>	UNKA	MOTON
train the state of		stating the underlying co	333	O, OR AS A CONSEQUENCE	ur					
Juire Ahysi igne uria uria		PART 2 OTHER SIGNIFICAN			NOT RELATED TO THE TERMINA	AL DISEASE OR COND	TION GIVEN IN PART 1(o)			
rec ng p en s en s te b	_	1500 %								
The law requires th attending physician has been signed by se as the burial-tra th priar ta burial, cre	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS	PERFORMED 20a AUTO	PSY?	206 IF YES, WERE FIN	IDINGS CONS	IDERED IN CER	TIFYING
A Fase A Fa					YES	,				
AN: al al icate far Hea		21a. ACCIDENT WAS UNDE  ☐ OR CONTRIBUTING ☐ CAUSE O	OF DEATH HOU	TIME OF INJURY R.A.M. Month Day Ye		CURRED (Enter nat	ure of injury in Port 1 or	Part 2, Item	n IB.)	
rspit rertit	MEDICAL	(If either, natify medical e 21d, INJURY OCCURRED	xaminer) 21e PLACE OF 11	P.M.	FACTORY.) 21f LOCATION Street	et or RED. No.	City or Town		County	Stote
S PHYSICIA the haspital this certifical detached fa e Dept. of H	ı	While Nat while at work	ETV TENET OF I	OFFICE BUILDING, ETC.	7 211 200111011 3110	0. 41 /11/10- (10)	,		,	
NG # NG ter 1 ter 1 tate tate	1	22a. I <b>certify</b> that (I	) (t <del>his hospit</del> a	l) attended the dece	ased fram 1963 19, and that in (m	, 19	, 10 1467	, 19	, that (	l) (wa) lost
ATTENDING stained by the CTOR: After 1 should be dith the State	П	saw the decease	ed alive an.Z	( <del>did)</del> (did nat) view 1	_19, and that in (m	ry) ( <del>our)</del> apinia:	n death accurred an	the date	and hour ar	nd from the
ATT ATT		22b_SIGNATURE	Λ <i>(</i>	/ /	٨	/	45.00	22c. DAT	E SIGNED	2 -
OR ATTENI be retained DIRECTOR: A ge 3 shauld ed with the		arthun	anst	and Jr. Zn	DEGREE PHYS	NG MED DIRECT	OR STAFF PHYS.	1-5	26-68	
TAL May page		22d. PHYSICIAN S NAME (Type) A D-1	1/10/1	ANVERRY	22e. ADI	ORESS PSADEM	IA MX.	21127		
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aftenge 4 may be retained by the haspital ar attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after the state Dept.	100	// /	23b DATE	MNKYOKI	OF CEMETERY OR CREMATORY		d. LOCATION (City or Toy		(County)	(State)
Page 4 may be retained by the haspital ar  To FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us should be filed with the State Dept. of Healt	230.	BUR AL, CREMATION,	1-26-6		tus Memoria	l Park	Baltime	ore,		
VR A15 (4)	24	FUNERAL DIRECTOR ORTON & DY				2So REC D BY RE	GISTRAP 1968 2Sb PEG	ELLAR S. FE	NATURE	
30M REV 1/68	M	OKTON & DY	ETT F.	H. 1701 La	urens St.	DAN AN 2	6 1300		0 0	

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			MARY	LAND STATE DEPARTMENT	OF HEALTH	
1/1/7	h-	00223	DIVISION OF VITAL RECOF	RDS, 301 W. PRESTON STREET, I	BALTIMORE, MARYLAND 21201	00221
,(1A1	V	OOEEO		CERTIFICATE OF DEA		00221
2 8 2	1. D	ECEASED-NAME Fire	rst Middle	Lost	A DAYE OF DEATH	2b. HOUR A
death. unerol I and 2 r death.		ype or print)			_ Month _ D	1968 Yeor 12:35M
r de	3. 51	<u>Mand</u>	4. RACE	Thomas  5. Date of Birth	Jamuary 20,	1900 #2.30 M
2 2 2	J. 31	.^			lost birthday)	MONTHS DAYS HOURS MIN.
	_	<u>Female</u>	Caucasian	September		5.
by the use steer some source offer hours offer		BIRTHPLACE (State or foreign and	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED MEVER MARRIED	9. COUNTY OF DEATH	
d : 72		MARYLAND	L USA	WIDOWED X DIVORCED	Anne Arundel	Md.
e executed within 24 and completely filled remove carbon pape on any event, within 7	10 (	ITY OR YOWN OF DEATH	11 NAME OF HOSPITAL	OR INSTITUTION (If not in hospital 120	USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
with the state of	Ru	ral, Annapoli	Bay Manor	Nursing Home	ing most of working life, even if retired )	INDUSTRY XX
d w d w	130	USUAL RESIDENCE (Where dece	eosed lived, if institution. Residence be	efore 13c CITY OR TOWN 13d INSID	E CITY DIMITS? 13e. STREET AND NUMBER	
ute de ceve	odm	MARYLAND	13b. COUNTY AND	VE GRASONVILLEYES &	NO NO XX	
xec 100 170	14	FATHER'S NAME First		ost 15. MOTHER'S MAIDEN N.	AME First Middle	Lost
ond rem		30 1 1 1 1 1 1 1 1	MASON			9W 27
ICIAN: The law requires that the death certificate be executed within 24 hears pital or attending physician.  rifficate has been signed by the attending physician and completely filled in by 1 d for use as the burial-transit permit. Then please remove carbon papers. Per of Realth prior to burial, cremotian, or removal, and in any event, within 72 hours	140	WAS DECEASED EVER IN U.S. A		IRITY NO 117 INFORMANT	MERCHANT Address	
icot Sici		es, no, or unknown)   [If yes giv	As wat or gates of service) 100° 20/CIMC 20/CI		HOMAS - GRASON L	WILE MD.
phy en ova	<b> </b>	No.			TOMAS - GRASON	APPROXIMATE INTERVAL
ne deoth ce attending p permit. The	ı	18. CAUSE OF DEATH (Enter	only one couse per line for (o), (b), on			BETWEEN ONSET AND DEATH
eoff endi	1	PART 1. DEATH WAS CAU	DIATE CAUSE (o) Cerebrova	iscular insufficien	cy	over 1 year
affe an,		401,4	DUE TO, OR AS A CONSEQUENCE	TE OF		
the the sit profit	L	Conditions, fony, which gav	) Arteriosc	elerosis, general d	cerebral	" " "
hot by t ans		rise to immediate couse (o stating the underlying cous	J.1			
es t icio de la		lost 🤝 anderlying toos	(()			
equires tho physicion. signed by burial-tran		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH F	BUT NOT RELATED TO THE TERMINAL DISEAS	E ORCONDITION GIVEN IN PART 1(n)	
red g p		None				
dw rading open the the or to	S.		PL CONDITION FOR WHICH OPERATION W	AS PERFORMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
tten tten as b os pric	FICAT.ON				AALVEET OF DEATING	CONSISCED IN CERTIFICATION
r Thr r at e bo use	(FRT	None 210. ACCIDENT WAS UNDERLY	NA YING 216. TIME OF INJURY		(Enter noture of injury in Port 1 or Port 2	Ham 103
al a For for t	ਤ	OR CONTRIBUTING CAUSE OF D			tenter motore of injury in Port 1 of Port 2	, Hem 10.)
D till by	MEDIC	(If either, notify medical example)	miner) P.M.	19		
ATTENDING PHYSICIAN stoined by the haspital of TOR: After this certifical should be detoched for ith the State Dept. of He	×	21d. INJURY OCCURRED 21	ie. PLACE OF INJURY (AT HOME, FARM, STRI OFFICE BUILDING, ETC	EET, FACTORY.) 21f. LOCATION Street or R.F.	.D No. City or Town	County State
e D tet be		While Not while of work				
by 1 ffer be of		22a. I certify that (I) (	this haspital) attended the der	ceased from Nov 11,	19 <u>67</u> , ta <u>Jan 20</u> , 1 r) opinian death occurred on the c	9 <u>68</u> , that (that we) last
N S S S S S S S S S S S S S S S S S S S	1	saw the deceased	alive an January 19,	19 <u>.68</u> , and that inchase) (our	r) opinian death occurred on the c	dote and hour and from the
OR ATTEN De retoined DIRECTOR: /		Couses stoted and	ve, (1) (we) (aja) (did not) view	the body offer death.	1 00	DATE CICUED
with with	П	22b. SIGNATURE	Pa 14 Ax	ATTENDING _	MED. STAFF	DATE SIGNED
D be be		Ma	my ony		DIRECTOR PHYS.	anuary 20, 1968
AL AL Pod		22d. PHYSICIAN'S Ric	chard I. Hochman,	M. D. 22e. ADDRESS		
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	<u></u>	Una	rles W. Kinzen		ay Avenue, Annapoli	
O HOS	230	BUR AL, CREMATION, 231		E OF CEMETERY OR CREMATORY	23d OCATION (City or Town)	(County) (Stote)
5 5 5 2 Z		BEMOVAL (Specify)		HESTERFIELD	CENTREVILL	E MD.
A 3 4 VR A15 OF	24	FUNERAL DIRECTOR	ADI	DRESS TI'D SO. R	EC'D BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE
1 100 1 30M REV 1/08		Edgar A.	name - Chur	al Hill md. DATE.	JAN 24 1988 PCL	melan ludge



1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00222
FOR STATE		MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.	1 D	Type of Proti	Doy Year 2b. HOUR
at is to the last of the last	280	1,1/. Li /- ELLARD PORP SON DEATH MATED 1-	20 165 121
	3. 5		Year Le 2d HOUR
y del		11 W 8/9/13 Ox YRS	I HOUT IS NOW IN
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tate	10. (	167	126 KIND OF BUSINESS OR
hours ofter deoth item 18. Give Poges Office along with fo lond 2 with the State after deoth		Wapers D.O.A. Howe Howeld gen the	NDUSTRY F. A. A. A. P. C.
s offer 18. Gr dong with deoth		STATE (13b (OUNTY 13c of COUNTY 13c of COUNT	,
18 18 18 12 w 2 de		141) HACE ANDROYELL SOUTH PHOLEN LOS	0'
	14 F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 nol in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR TY NO. 17 INFORMANT ADDRESS	
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is certific le, writin forward forward e used or removol,	ATIO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUYOPSY?
This certificate tate, writing the be forwarded to be used as a learn or a le	CERTIFICATION	WAS PERFORMED?	YES NO 🖂
<u>+</u>	₩.	216 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Hell PRIMARY TOR CONTRIBUTING THE HOUR A.M.	m 18)
INER: Ties tertifice should by files. 3 should as should after should after or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19	
E Same E	₩.	21d NJURY OCCURRED 21e, PLACE OF NJURY (At home, form, street, 21f, LOCATION Street or R F.D. Na City at Tawn factory, affice building, etc.)	County State
EXAMINER: ute the cert age 4 should your files. Poge 3 should.		WHILE NOT WHILE TOUTHY, OTHER BUILDING, STC.)	
Page 1		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in my apintar
ICAL E executar. Paged for CTOR: F		death resulted from Matural causes M. Accident J. Suicide J. Hamicide J. Undetermined manner	
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ary, ary, nero be be Pr		EXAMINER'S DEPUTY MED CAL EXAMINER 1/2	0/68
o DEPUTY CALL EXAM necessary, please execute the funeral directar. Page 45 may be retained for your of FUNERAL DIRECTOR: Page Health, prior to buriol, crem		NAME (Type) = Linbandy.  ADDRESS(Street, city, town, or county)	to.
10 the state of th	230	BURIAL (REMAT DN 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCAT ON (City of Town)	(County) (State)
	21	20 File 1 A CEC Milly and Milly and	A II.
¥R A15ME (5)	7	FUNERAL DIRECTOR  250 REGUSTRAR  250	
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	06225		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MURE, MARYLAND 21201	00223
	1 DECEASED NAME	First Middle	Lost	2a. DATE OF OEATH	2b. HOUR
uneral uneral and 2	DECEASED NAME     (Type or print)	Catherine Ellen	Turner		19727 Y 19818 M
<b>P</b> - 1 - 2	3. SEX Female	4. RACE White	S. DATE OF BIRTH 3/26/15	6. AGE (In yeors last birthday) 52 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
haur S. P	7o. BIRTHPLACE (State or foreign caunity) MXX Md.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Anne Arundel	Md.
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ertificate be exe physician and c nen please remo iaval, and in any	16a. WAS DECEASED EVER IN U		17. INFORMANT	Address ls, Crownsville	
requires that the death certificate be executed within g physician.  I signed by the attending physician and campletely fill e burial-transit permit. Then please remove carban po burial, crematian, ar remaval, and in any event, within	18. CAUSE OF DEATH (E	nter anly one cause per line for (a), (b), and (c) CAUSED BY: MMEDIATE CAUSE (a)  7 MM C		reboxe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  COLLIS
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PHYSICIAN: The e haspital ar affe his certificate has stacked far use a Dept. af Health pr	21g. ACCIDENT WAS UND CONTRIBUTING CAUSE (If either, natify medical A 21d INJURY OCCURRED	examiner) HOUR A.M. Manth Doy Year	9		2, Item 18.)
PHYSIC he haspi this certi letached Dept. a	21d. INJURY OCCURRED While Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FA	ACTORY.) 21f. LOCATION Street or R.F.D. No.	. City ar Town	County State
Page 4 may be retained by the haspital ar To FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. af Healt	22a. I certify that (	(1) (this haspital) attended the deceas sed alive on 1/27 abave, (1) (we) (did) (did_not) view the	ed fram 1/21, 19 1968, and fhot in (my) (our) opi	68 , to 1/27 , 1 Inion death occurred on the	19 <u>68</u> , thot (I) (we) last date ond hour ond from the
OR ATTENI be retained DIRECTOR: A je 3 should ed with the	22b Signature	les A. 1/11/this			L. DATE SIGNED
ro Hospital of Page 4 may be of Funeral Didirector, page should be filed	22d. PHYSICIAN'S NAME (Type)	narles A. Venter, M	D 22e. ADDRESS	State Hospital	1.Marvland
OSI UNE DUNE	23c. BURIAL, CREMATION,	23b. DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Pag O Pag	REMOVAL (Specify)		ary's Cemetery	Annapolis A	A. Maryland
VR A15 (4) 30M REV. 1/68	24Buvergrape E. Hopping Funs	Hopping - APDRESS		REGISTRAR 256 REGISTRAL	R'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS. TON STREET, BALTIMORE 1, MARYLAND DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limit c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It putside corporete limits, write RURAL and give neerest town) Pages 1. d. NAME OF HOSP INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM YES NO K completely papers. NAME OF Middle Year DECEMBED 10 (Type or print) 19 within carbon AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED and last birthday) Months evenî, WIDOWED [ DIVORCED X physician гетоме 1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) any JUBURT please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME € attending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT removal, (Yes, no, or unkown) i (If yes give we ror dates of service permit. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN been signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ö IMMEDIATE CAUSE (a) cremation, **burial-transit DUE TO** attending Conditions, if any, which gave rise to immediate causa DUE TO (a), stating the underlying has cause last. the the hospital or certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19, WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? NO TO prior 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) for OR CONTRIBUTING [ CAUSE OF DEATH After this of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached be retained by 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 1 2Dc. TIME OF INJURY Month, Day, Year 201. (City or town) (County) (State) factory, street, office bldg., etc.) Hour e.m. While Not While at work at work p.m DIRECTOR: State Dept. eq pinous 1.Q...., 19.5. that (I) (we) last 1908 , and that death occurred at 4: from the causes and on the date stated above saw the deceased alive on may 22b. DATE 22a. SIGNATURE ATTENDING SIGNED MED n DIRECTOR PHYS. PHYS HOSPITAL M.D death. Page 4 ractor, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CEMETERY OR CREMATORY 23d LOCATION (City, town or county 230, BURIAL, CREMATION, DATE THEREO NAME BEMOVAL (Specify) ក្នុង BURLA 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE YR A15 (4) 20M 5-63

EYLAND STATE DEPART

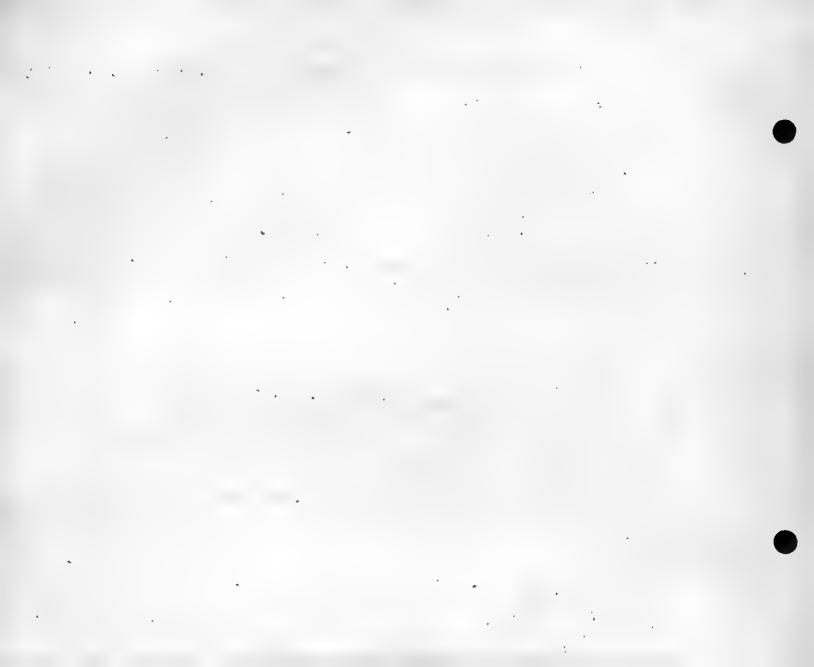
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00223 00225CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town? signed by the attending physician and completely filled in by (burial-transit permit. Then please remave carban papers. Pag burial, crematian, ar remaval, and in ony event, within 72 hours e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NO E NAME OF 4 DATE Year DECEASED (Type or print) DEATH 19 68 IF JADER 1 YEAR S SEX AGE (In years IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Months Dovs Hours WIDOWED DIVORCED | 12 CITIZEN OF WHAT TDa JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) **COUNTRY?** INDUSTRY md. 7150 TOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 403PITAL RECORPS INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: are nomato 15 IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO valua-Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(o) PERFORMED? NO ٥ 2Do ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Df (City or town) 2Dc TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF IN. RY (Home, form, ((county) (Stote) factory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased from 1961, 19-, to Fac. 17, 1964, that (1) (we) last saw the deceased give an Fac. 17 1968, and that death occurred at 33 PM, from causes and on the date stated abave. 220 SIGNATURE 226. DATE SIGNED ATTENDING 1-15-64 director, page 3 should be filed v Lacat DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S IO FUNERAL DABOLINS, MD 400 Crain Away Nw Glen Burning NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23b. DAYE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify) BALTO. NATIONAL BALTO. Md. 25b REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR **FLINERAL DIRECTOR** VR A15 (4) 25M 1/67



, 2		MARYLAND SI	ATE DEPARTMENT OF HEALTH		
70 ///	00228 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		06226			
4 _24		ECEASED NAME First Middle	Last 2a. DATE OF DEATH	2b. HOURA	
death eral and 2	(	(ype ar pant) William	WASHBURN January 19	1968 9:35 M	
1 (2 - 1)	3. S		S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.	
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fille pag pag hin	10.	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (ive street address).	N (If not in haspital 12a USUAL OCCUPATION (Kind of wark don durin Phast of warking life, even if retired		
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and corremo	14.	FATHER'S NAME First Middle Lost	15. MOTHER'S MAIDEN NAME First Middle	Lost	
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L OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 shauld be detached for u led with the State Dept. af Heal	2	21d INJURY OCCURRED While Not while of work at work	21f. LOCATION Street or R.F.D. No. City or Town	County State	
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TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	230	NAME (TYPE) ROBERT R. HAH.  BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETE!	N · P.O. BOX.73  RY OR CREMATORY  [23d LOCATION (City or Town)]	(County) (State)	
Pagi 70 Fu dire sha	R	REMOVAL (Specify) (1/22/68 4, of	Md. Baltimore	Md	
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR ADDRESS'	DATEJAN 2 3 1968	R'S SIGNATURE	
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	MARTLAND STATE DEPAR		
	00223 DIVISION OF VITAL RECORDS, 301 W. PRESTON	0.000	27
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DE PER	(Type or print) Margaret Fmilia WASSE	Month Day Year	3:05PM
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	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  19a. Date of Operation 19b. Condition for which Operation was performed 20a	AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERT	TIFYING
X	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY	CAUSES OF DEATH?  Y OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
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í	NAME (Type) FM. LSHIPLET	ADDRESS,	
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VR ALS (4) 250 RECID BY REGISTRAR S SIGNATURE		HOS age 4 FUNI irecta hould	7	30 BURIAL CREMATION 236	DATE 230 NAME OF	CEMETERY OR CREMATORY.	23d. LOCATION (City or Tawn)	a(County) (State)
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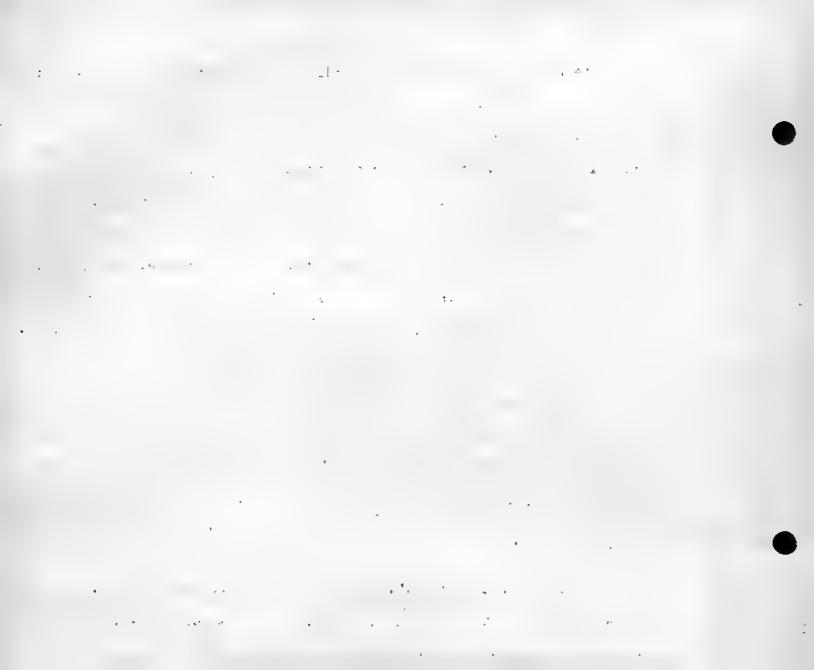
1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		10231 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
OR STATE	<u> </u>	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
ALTH DEPT.		Type or Profit	HOUR D
AM3. Page			M
	3 S	ast printary MONTHS DAYS HOURS Mills Month - Dry - Year	d HOUR
art		RIRITHPLACE (Stote or fore gn   76 Citizen OF WHAT COUNTRY?   8. MARRIED   7NEVER MARRIED   9. COUNTY OF DEATH	M
<b>1 1 1 1 1 1 1 1 1 1</b>		man;	61.3
	10.6	N. Caroline U.S. WIDOWED DIVORCED Anne Arundel  (ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINES	SS OR
<u> </u>		are street address? during most of working its even firetized) INDUSTRY.	
after death	130	SUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 13d. NSIGE CITY JM 137 13e. STREET AND NUMBER	3.0
100 PG	0	admission) STATE Md.   13b. COUNTY Anne Arundel   YES   NO 🗷   Ripley Road	
after death	14 F	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
at of		Meddie Warren Webb Carrie Bridger	cs
naurs		WAS DECEASED EVER IN S ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
u 7/	(1	Yes, no, or unknown)   (Hassanse was exclusive of service)   243-38-5156 Mr. Douglas Webb Crownsville, Md.	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )	RYAL DEATH
		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Respectful	
E		DUE TO, OR AS A CONSEQUENCE OF	
in any event within		Canditians, if any, which gave need to be a second	
Ju		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		lost. (c)	
2		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	8	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?	
()	Z	WAS DED CODE TO	NO 🔀 '
gri.	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Bart 2, Item 18)	NO DEL
, i		PRIMARY OR CONTRIBUTING HOURAN	
	MEDICAL	21d NILIDY OCC 2050 21a P ACC OF INNIDY (As home form street 21f IOCAT-ON Street or PFD NO City or Town County	State
			11
		220. I certify that I took charge af the remains described above, held an Autopsy , Inspection , inquiry , and in my	opinion
, ,		death resulted from: Natarpi causes . Accident . Suicide . Hamicide . Undetermined monner	opinion.
		CHIEF MEDICAL EXAMINER	
3		ACTUAL ACCUSTANT MEDICAL EVANUE OF 12th DATE SIGNED	
		EXAMINER'S NAME (Type)  F. L. In hare of ADDRESS(Street, city, town, or county)  A. A. Co	
Перап	230	BURIAL CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) (State	e)
	Bı	urial Factor Algorithms Maccalfield No. Caro	line
	24.	FUNERAL DIRECTOR 250 REGISTRAR'S SIGNATURE	
5) 68	I	Beall Funeral Home, 1212 West Street DATE JAN 5 1968 Policyles July	-
		Annapolis, Maryland	



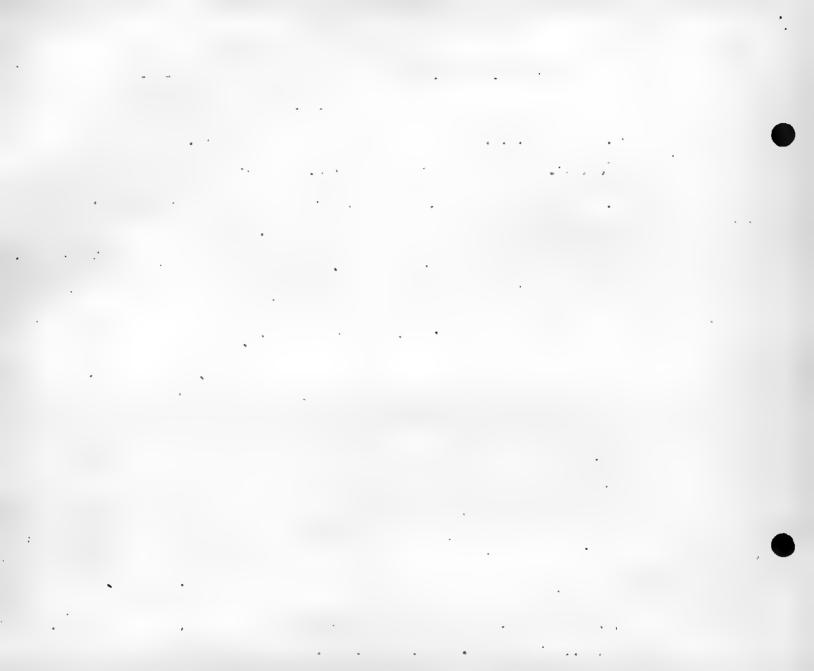
	t	MARYLAND STATE DEPARTMENT OF HEALTH	7
4.00		00232 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00000
TAT		CERTIFICATE OF DEATH	00230
A VA		ECEASED-NAME First Myddle 20. DATE OF DEATH	2b HOUR
funeral and er deat	l (	Type or print Corp. Knelte liele / Month 25-Day	Year 68 9 3% M
	3. SI	S DATE OF DICTI	UNDER I YEAR IF JINDER 24 HRS. INTHS DAYS HOURS MIN
the agges saft		Make White 8-1-12: lost birthday) Mrs.	INTHS DAYS HOURS MIN
by Paul	7a	BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1 10
d in pers. 72 h		m a s. A. WIDOWED DIVORCED STATE	T. CO. WY
hin 24 filled rthin 77		CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
wit stely rrbar t, we		LSUAL RESIDENCE (Where deceased lived, if Institution, Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER	Joseph Lewis
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any (	14	FATHER'S NAME First Middle Last Is. MOTHER'S MAIDEN NAME First Middle	tost
be ex n and e rem lin an		(unknown) - White Ella -	(unknown)
ertificate be physician c pen please iaval, and in		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (if yes give war or dajes of service)  Address	
rtific phys		WEB. WWII UNKNOWN MRS SARAN U. While so	APPROXIMATE INTERVAL
h certif ing phy Then remova		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	BETWEEN ONSET AND DEATH
he death attendii permit ian, ar re		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Caroline for Substitution of Strong .	
atti peri	L	DUE TO, OR AS A CONSEQUENCE OF COLOR	
the the material		Conditions, if any, which gave rise to immediate cause (a), (b)	
tran		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
The law requires that the attending physician. has been signed by the se as the burial-transit of the prior to burial, cremating.	ı	PART 2 OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
phy g by phy of bo		PART 2 OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECALLED TO THE TERMINAL DISEASE OR CONDITION OF THE TREE TO	
din din ar to	8	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING
The law ratending attending has been se as the h priar to	CERTIFICATION	YES \ NO \ CAUSES OF DEATH?	
or of the state of		21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter	n 18.)
CIAN iffed iffed if He	MEDICAL	GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19	
MSI nasp cent ched pt. a	믵		Caunty State
this this details		The Italy Williams	
ING by 1 ffer be c	П	220. I certify that (I) (this hospital) attended the deceased from 19 , 19 , 10 / 768 , 19	, that (I) (we) lost
ATTENDING etained by th CTOR: After t shauld be d	L	220. I certify that (I) (this hospital) attended the deceased from	ond hour ond from the
ATT ATT Share the share th	l	226 DAI	TE SIGNED
OR 1	П	OF OCCUPY OF THE DEGREE PHYS DIRECTOR DIRECTOR PHYS. DI	-25-68
AL ay bagge bagge file	Н	22d. PHYSICIAN'S 22e. ADDRESS	70.B
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filled with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deats.		NAME (Type) Robert R. HAHN. P.O. By 13 Deverno	0041
House Community	23 a	BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
5-5-7		REMOVAL (Specify) Jan 29 1968 6Len Haven Men Port GLen Bux FUNERAL DIRECTOR 250 RECID BY REGISTRAR 256 REGISTRAR 5 SIG	mie, me
VR A15 (4) 30M REV. 1/68	24	I Will a a state of the state o	Par Judge .
DOITH NET, 1700		Singleton, Funeral Home Chen Burnis, MARIE JAN 3 1 1000	1 G



_	- 1		t		STATE DEPARTM				
	1	00233	DIVISION OF		301 W. PRESTON STI ERTIFICATE OF		E, MARYLAND 21	002	31
	-	, DECEASED-NAME	First	Middle	Lost		DATE OF DEATH		
	- 1	(Type or print)	1				. Month	23 Yes 8	2b HOUR
		SEX	orge \	Andrew	S. DATE OF B		January 6. AGE (in ye		6:50A/
		Male	Cau		2-20-		last birthda	MONTHS DAYS	HOURS MIN
	- }-	a BIRTHPLACE (State or fore					NTY OF DEATH	YRS.	
		Balto.	USA	THAT COUNTRY!	8. MARRIED AND NEVER MAI	RCED 7. COU	Anne Arun	ide I	M
	-	O. CITY OR TOWN OF DEATH	11 N	AME OF HOSPITAL OR INS	ITUTION (If not in hospital	120 USUAL OCCU	JPATION (Kind of work	k done 12b, KIND OF	BUSINESS OR
	ا:	Annapolis			General Hos	sp during most of y	vorking life, even if re LIVEL	etired) INDUSTRY Sch	.001
		3c. USUAL RESIDENCE (When	e deceased lived, if institu	tion Residence before	13c CITY OR TOWN	.3d INSIDE CITY LIMITS?	13e. STREET AND NUM		
	٦ [	Md.	13b. COUNTY Anne A	Arundel	Arnold	YES NO T	821 Clift	on Ave.	
	, [	4. FATHER'S NAME First		Lost	15. MOTHER'S M	AIDEN NAME First	Mi	iddle	Lost
			arles ?	Wildt		Mary		? Mil	ler
		160. WAS DECEASED EVER IN Yes, no, or unknown) 1	I yes give war or dates of service)	166 SOCIAL SECURITY N				dress	
	ŀ		WW II	213-10-18	<u>57   Helen Wi</u>	<u>lldt 821 C</u>	<u>lifton Ave</u>	Arnold.	Md.
		18 CAUSE OF DEATH ( PART I. DEATH WAS	Enter only one couse per la	ne for (a), (b), and (c))	10 .1	- 0		BETWEEN !	DNSET AND DEATH
prystant. signed by the attending physicion and coburial-tronsit permit. Then please remoburial, cremotion, or removal, and in ony		That is peass the	IMMEDIATE CAUSE (o)	Congestico	e Heart F	acture		14	aug
		Conditions, if any, whice		AS A CONSPONENCE OF	1	0	0	1.1	
	- 1	rise to immediate cou	se (o).	Kleuns	the Valve	clay C	islail	un	upus
	- 1	stoting the underlying last.	10020	AS A CONSEQUENCE OF					
	-1	_	(c)	ITING TO DEATH BUT NO	IT RELATED TO THE TERMINA	I DISEASE OP COMPITIE	ON GIVEN IN PART I(a)		
	- 1	9	ANT CONDITIONS CONTRIBE	STING TO DEATH OUT NO	T RELATED TO THE TERMINA	L DISERSE OCCORDITION	ON ONEN IN THAT HOS		
		190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PER	FORMED 200 AUTO	PSY?	20b. IF YES, WERE FIN	ND.NGS CONSIDERED IN C	ERTIFYING
		9			YES IT	NO 🗆	CAUSES OF DEATH?	Yes	
					-		of injury in Port 1 or	Port 2, Item 18.)	
		OR CONTRIBUTING CAJ		Month Day Year					
	1		21e. PLACE OF INJURY		ORY.) 21f. LOCATION Street	et or R.F.D. No.	City or Town	County	Stote
	- 1	While Not while at work	)				,		
	-1	22a. I certify that	(I) (this hospital) att	tended the decease	d fram	1964.	ta	3 , 19 <u>6.8 ,</u> that	(I) (we) las
	-1	saw the dece	ased alive anabave, (I) (#6) (did)	(did pat) view the h	lazz, and that in (m	iy) <del>(out)</del> apinian d	leath accurred an	the date and haur	and from the
		22b. SIGNATURE	2/2	7 //	0			22c. DAJÉ SIGNED /	
		1 Girlinge	. If He	ferner 9.	DEGREE PHYS	NG DIRECTOI	STAFF PHYS.	1/24/6	F
7		22d. PHYSICIAN'S			22e. ADD			1 / / 6	
		NAME (Type) R	ichard I. Ho	ochman, M.D	16 h	Aurray Ave	., Annapol	is, Md.	
	Ī	30. BURAL, (REMATION, REMOVAL (Specify)	23b DATE		EMETERY OR CREMATORY	23d	LOCATION (City or Tow	vn) (County)	(State)
1 160			1-26-1968	Balto	Nat"1 Cem.		alto. City		
	2	24 FUNERAL DIRECTOR		ADDRESS		2So. RECID BY REGI	STRAR 1968 REG	ISTRAP & SIGNATURE	egge.
88		Wm. Cook-Br	ooks, Inc.	1217 St. Pa	aul St. 2120	<b>P</b> DATE		0	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 00621 00234 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20 DATE OF DEATH 2b. HOUR (Type or print) Andrie Georgette Willey 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IE LANDER 24 HRS IF LINGER , YEAR requires that the death certificate be executed within 24 hours after. lost birthdoy) MONTRS 5-28-52 hanrs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED T country) U.S.A. DIVORCED I **O FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 Md. WIDOWED [ Ba14/o/_/ Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Linthicum. Md. Louise Ave. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13a INSIDE CITY LIMITS? 13e STREFT AND NUMBER 13b COUNTY YES [ NO TY 502 Louise Ave. Linthicum 14. FATHER'S NAME First Middle 15 MOTHER 5 MAIDEN NAME First Middle Lost George Willey Emily (Kay) Davis 160, WAS DECEASED EVER IN It'S ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Linthieum. Md. Mr. George Willey, 502 Louise Ave. Yes, no, or unknown) none 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) I beeres Grand Conditions, if any, which gove t rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 20b. IF YEA, WERE FINDLINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d INTURY OCCURRED 21e. PLACE OF INJURY (AT HOME, SARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 8 1975, 19 19 10 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22d PRYSICIAN'S NAME (Type) 22e. ADDRESS 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION (County) REMOVAL (Specify) Baltimore National
ADDRESS 21220 256 Balto 24. FUNERAL DIRECTOR VR A15 (4) Witzke F. D., 4101 Edmondsn Ave., Balto., Md. 30M REV. 1/68





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	i D	CEASED-NAME Firs			Middle	EKTII ICA	Last	20. [	ATE OF DEATH	.,,	70()(	2b. HOUR
death.		vne or print)	garet	Ch	ristine	Wil	lliams		Month	Doy 25	Year 68	10:30#
	3. SE		4. RACE			\$.	DATE OF BIRTH		6. AGE (In yeo	rs IF UND	ER + YEAR	IF LINDER 24 HRS HOURS MIN.
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24 hours ed in (by a pers pa	ונסטו	BIRTHPLACE (Stote of foreign attimore	76 CITIZEN	OF WHAT COL	UNTRY?	8 MARRIED X	NEVER MARRIEI DIVORCED		nr of DEATH			Md.
rithin 2 ly fillector papage within		TY OR TOWN OF DEATH Crownsville		11 NAME OF give street o	HOSPITAL OR INST ddress) nsville	State 1	n haspital HOSD .	12a USUAL OCCU	PATION (Kind of work orking life, even if retine with the contraction of the contraction	done 12b red.) INC	. KIND OF B DUSTRY	USINESS OR
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exected and control only		ATHER'S NAME First	M	ddle	Lost		OTHER S MAIDE	N NAME First	Mrd		rasse	Last
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phy phy ova		No			known	G	Hospit	al Recor	ds, Crowns	AITTE	APPROX MU	ATE INTERVA.
th c		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BV.				DII			-	BETWEEN ON	SET_AND_DEATH
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hat n. ly ff ansi		rise to immediate cause (a), stating the underlying cause	A		DNSEGNENCE OF	ng harn	IOHAL Y	СШООТТ				
es t sicia ed l al-tr al, c		last of /	)					llulitis				
aguir phy sign buri buri		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING T	O DEATH BUT NO	T RELATED TO T	HE TERMINAL DI	SEASE OR CONDITIO	N GIVEN IN PART 1(a)			
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OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital ar attending physician. DIRECTOR: After this certificate has been signed II y le 3 shauld be detached for use as the burial-trared with the State Dept. af Health priar ta burial, cre-	CERTIFICATION	190. DATE OF OPERATION 191		OR WHICH OP	ERATION WAS PER		200 AUTOPSY YES K	NO 🗌	20b. IF YES, WERE FIND CAUSES OF DEATH?			TIFYING
AN: Il ar cate or u deal		210. ACCIDENT WAS UNDERLY  OR CONTRIBUTING CAUSE OF DE		TIME OF INJUR	tY ith Day Year	21c. HOW	INJURY OCCUR	RED (Enter nature	of injury in Part 1 or P	ort 2, Item 1	B.)	
SICL spito ed f ed f	MEDICAL	(If either, notify medical exam	nner)	P.M.	19	2012						
S PHY:	2	Wh.le Nat while at wark	. PLACE OF II		AE, FARM, STREET, FACT BUILDING, ETC		TION Street a		City ar Tawn	Cau		State
by there should be should		22a. I certify that (I) (t saw the deceased	his hospita	l) ottended	the deceose	d from	hat in (mu)	, 19,	to 1/25	_, 19 <u>68</u>	_ , that I	(I) (we) last
TENT ned NR: A wild the		causes stated abay	alive gn re, (l) (we)	(did) (did r	not) view the b	ady ofter de	ath.	(our) opinion c	leuth occurred on t	ne avie an	a nour o	na rrom me
ATI Share etail		22b. SIGNATURE	1.11		1		ATTENDING	- MED	STATS	22c DATE S	IGNED	
OR be r	L		unc	euri	1	DEGREE	PHYS.	MED. DIRECTOR	STAFF PHYS.	1/2	5/68	
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TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. af Healt	23a		DATE -29-68		23c NAME OF C	1 Heart	Cemet	ery 74	Ol German	Hill	Rd.,	(Stote) Md.
VR A15 (4)	24	FUNERAL DIRECTOR	ا را	Ol S. Balto.	Comple 21244	ng St.		a. REC'D BY REGIS	TRAR 256 REGIS	TRARS SIGNA		dec.

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1 1 11	l.	MAKYLAND STATE DEPARTMENT OF HEALTH	
X//		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0234
FOR STATE	L	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	()CO-)
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hin 24 nothin niner's pages	16n	Homer Altman Clara  . WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Bridget
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suld be executed without and "pending" in perior (Chief Medical Exaital-transit permit. File any event within 72	_	No.   Mrs. Ernest Everhart, same as 1	APPROXIMATE INTERVAL
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wri wri rwc rwc	EATION	196 DATE OF OPERATION 196 COND TON FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
ICAL EXAMINER: This certificate shauld be executed within 24 hours after death sexecute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, far Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm ed for your files.  CTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Deburial, cremation, ar remaval. and in any event within 72 auris after death	MEDICAL CERTIFICATION	WAS PERFORMED?	YE NO R
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ER: cert aulk aulk shou	S S	CAUSE OF DEATH P.M. 19	
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CAN fe the the the the the the the the the th		WHILE NOT WHILE 10CTORY, Office building, etc.)	/
bical EXAMINER: se execute the cert ectar Page 4 should ned for your files. iECTOR: Page 3 shoulds		220   certify that took charge of the remains described above, held on Autopsy   Inspection   Inquiry	ond in my opinion
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he I otter has l	CERTIFICATION	The British of the Br	committee ( git initial) go Etterior 1920 i e	YES 🗆	NO CAUSES OF DEATH?	
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ING by the free date		22a. I certify that (I) (thi	s hospital) attended the deceas	ed from	, 1961 , to Jane , 194	that (I) (we) last
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ATT ATT		22b. SIGNATURE	1 2 11			ATE SIGNED
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ifical affect factor	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor Ilf either, notify medical examiner) P.M. 19	
HYSICIA haspital s certifica sched fa	98	21d INHIRY OCCURRED 21e PLACE OF INHIRY ( AT HOME EARN, STREET, EACORY.) 216 LOCATION Street or R. E.D. No. City or Town	County State
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ATTENDING stained by th CTOR: After t shauld be de ith the State	П	220. I certify that (I) (this hospital) attended the deceased from 6 - 15, 1960, to 6, 19 sow the deceased olive on 1965, and that in (my) (our) opinion death occurred on the deceased olive.	ote and hour and from the
The Part of		causes stated above, (I) (we) (did) (did not) view the body ofter death.	ore one mon one mon the
E in Design		22b. SIGNATURE // 22c.	DATE SIGNED
OR ATTENIOR SPECIAL SP	1	RELEGIES A M. Hunt DEGREE PHYS DIRECTOR DIRECTOR PHYS	1-6-68
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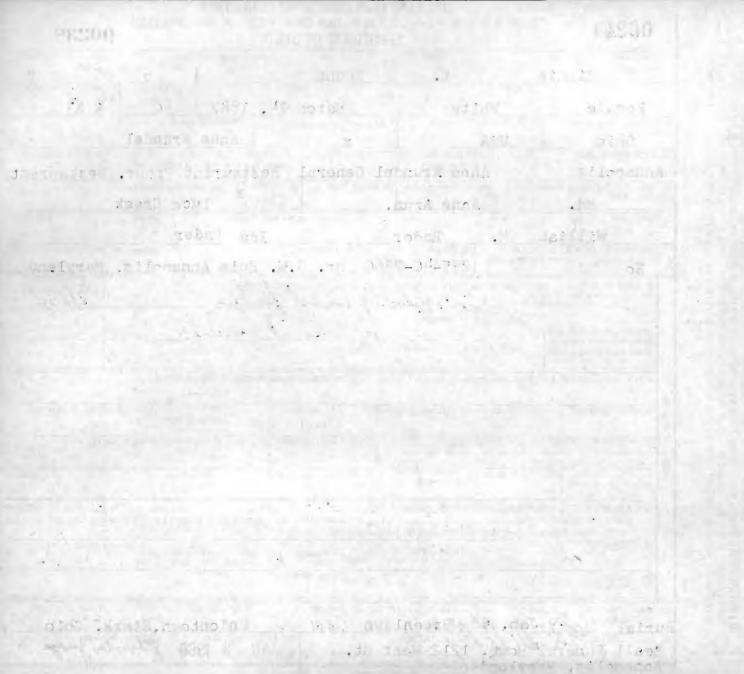
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	The office of the second secon	X	Ĕ					YES 🔲	NO 🗌	CAUSES OF DEATH?		
	or ote	- 1		210. ACCIOENT WAS			OF INJURY	27c. HOW INJURY OCCU	RRED (Enter nat	ure of injury in Part 1 or Part	2, Item IB.)	
3	SE S	- 1		OR CONTRIBUTING (								
	hosp cer che	- 1		21d. INJURY OCCURE	RED 21a.	PLACE OF INJUR	Y (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street	ar R.F.D. No	City or Town	County	Stole
	JING PHYSIC by the hospil frer this cerri be detached State Dept. of	_		While Not while of work					1 .			
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	o d o g			22d. PHYSICIAN'S	Jers	7 00	046	DEGREE PHYS  22e ADDR	DIREC کلال	TOR PHYS L	110	
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i			24.	HENGULTEV	E rio	7	ADDRESS		Sa. REC'D BY RE		AR'S SIGNATURE	
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				Honoing	unera	1 HOME	- Annaroli	3,/2/4.//		N 1000 Kow	THE WAY	



		CEASED-NAME First	Middle	CERTIFICATE OF DEATH	20. DATE OF DEATH	00238 26. HOUR
	(1	ype ar print) Minnie	L.	Young	1 Month 6 Day 6	8 Year
	3. SE	X	4. RACE	S. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
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I	70. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
ı		Ohio	USA	WIDOWED DIVORCED	Anne Arundel	M
		nnapolis	11. NAME OF HOSPITAL OR IN give street address) Anne Arun	STITUTION (If not in hospital 120, 19 during	MAL OCCUPATION (Kind of work done most of working life, even if retired.) Staurant Propr.	126, KIND OF BUSINESS OR INDUSTRY Restaurant
ı	13a	ISHAL RESIDENCE (Where decense	ed lived, if institution: Residence before	del General Re		Restaurant
	odmi	ssian) STATE Md.	13b. COUNTY Anne Aru	VFC -	NO Luce Creek	
ı	14. F	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	First Middle	Last
		William			da Rader	
	160.	WAS DECEASED EVER IN U.S. ARM	as as datas af assault)		Address	
	-	es, no, ar unknown) (If yes give w	295-40-	7360 Mr. C.W.	Helm Annapolis,	Maryland
		18. CAUSE OF DEATH (Enter onl	y one couse per line for (a), (b), and (c)	11= 1/1/	70	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSED IMMEDIA	TE CAUSE (0)	shue / Lears to	else	Aller
		398 X	DUE TO, OR AS A CONSEQUENCE OF	1- 10	/ 5	
		Conditions, if ony, which gove a rise to immediate cause (a).	(b) Cliever	note heart	Jestane -	
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
		lost.	(t)			
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	FOT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CONST	IDERED IN CERTIFYING
1	TIFIC			YES NO	CAUSES OF DEATH?	
		21 o. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED (Er	iter nature of injury in Part 1 or Part 2, Item	18.)
	MEDICAL	(If either, natify medical examin	er) P.M.	9		
	-		PLACE OF INJURY (AT HOME, EARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D.	No. City or Town C	County State
		While Nat while at work		101.0		le.
		22a. I certify that (I) (thi	s hospital) attended the deceas	ed from 19	pinion deoth occurred on the dote	that (I) (we) I
			(I) (we) (did) (did not) view the		phillian acom occurred on the date	ona nour ona trom
		226. SIGNATURE	01/1/2		22c. DATI	E SJGNED
		1 del-	will the	DEGREE PHYS.	MED. STAFF PHYS.	17/6/
		22d PHYSICIAN'S		22e. ADDRESS		tour to the tour
		NAME (Type)				
	23a.	BURIAL CREMATION. 23b. [		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	County) (State)
	230. Bu	. , ,	Jah 68 Green	lawn GEM.	Uniontown Stark	Co.Ohio
4	Bu 24.	BURIAL, CREMATION, 23b. I REMOVAL (Specify)	Jah 68 Green	lawn GEM.	Uniontown Stark By REGISTRAR 25b. REGISTRAR'S SIG	Co.Ohio
ŀ	Bu 24. E	BURIAL CREMATION, 23b. II REMOVAL (Specify) T18 FUNERAL DIRECTOR Beall Funeral	Jah 68 Green	lawn GEM.	Uniontown Stark By REGISTRAR 25b. REGISTRAR'S SIG	Co.Ohio



0	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		00242 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0239
HEALTH DEPT.	1. D	DECEASED-NAME First Middle Lost 20. DATE KNOWN Month D	Doy Year 2b. HOUR
ny delay 2, and 3 PM3. Pa	3. 5		Year & 2d. HOUR
2	cour	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1979) BOLTO MIDOWED DIVORCED DIVORCED A. P. CO	Md.
24 hours ofter death in Item 18. Give Pagin's Office along with ss lond 2 with the States of the death.	9	Vellerssville give street address) 2+-13-4 249 A during most of working life, even if retired.) IN	26. KIND OF BUSINESS OR NDUSTRY OWN Home
hours ofter de Item 18. Give I Office along w Iond2 with the after death.	0	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER INSIDE OF STATE 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER 13b. COUNTY 13c. STREET AND NUMBER 13c. STREET AND	
1 then 1	14. 1	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle  John Scheck Anne	mochLARd
INER: This certificate should be executed within 24 hours ofter death e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.  3 should be used as a buriol-transit permit. File pages land 2 with the State Deation, or removal, and in any event within 72 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  (16yes give was or dotes of service)  No. No. No. 124-6723 Marie Jahren  ADDRESS	2 50 0
This certificate should be executed within icate, writing the word "pending" in pencil be forwarded to the Chief Medical Exomined be used as a buriol-transit permit. File page or removol, and in any event within 72 hour		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Foliagonamy (Eden 14)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be exc hief Me ansit pe		OUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave rise to immediate cause (a).  (b)	Leeden
should ne word to the ( buriol-ti		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ficate ting the right of the ri	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
te, write forward forward forward forward forward forward for forward for forward for formatter for for for for for for for for for fo	CERTIFICATION	196. CONDITION 197. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
ICAL EXAMINER: This certificate secure the certificate, writing the for. Page 4 should be forwarded to ad for your files. CTOR: Page 3 should be used as a burial, cremation, or removal, and	MEDICAL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	18.)
SICAL EXAMINER: se execute the cert ctor. Page 4 should ned for your files. ECTOR: Page 3 should burial, cremation	W	WHILE NOT WHILE Carry, affice building, etc.)	County State
ICAL E e exect for. Pa ed for cTOR: burial,		220. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined monner	and in my apinian
pleoso ol dire rior to		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226, DATE SIGNATURE 226, DATE SIGNATURE	GNED
0 3 9 E E D		EXAMINER'S NAME (Type) E.LINGARD ADDRESS(Street, city, town, or county) H.A. Co	1-6-68
5 = 2 E		BURIAL Jan 9 1968 Chen Haven Men PT. Chen BURNACE	ounty) (State)
VR A15ME (5)	24,	FUNERAL DIRECTOR E B Floring ADDRESS 250. BEGINDY REGITAR 1968 256. PROPERTY SINGLETON FUNERAL SHOPE CLEAR BURGES DATE	a Judge